

# Chemist & Druggist

Benn »

NOVEMBER 6 1976 THE NEWSWEEKLY FOR PHARMACY

NEW

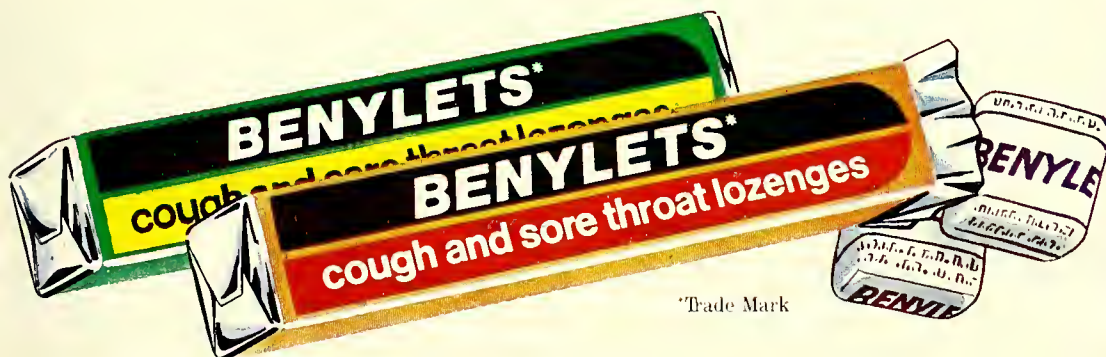
## **BENYLETS\***

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Heavy consumer promotion  
Generous launch discounts  
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\*Trade Mark

Parke-Davis·market leaders  
in cough treatment

## Coughs and Colds

SPECIAL SECTION

Unichem use  
television in  
recruitment  
campaign

FPA backs  
pharmacists  
as 'pill'  
prescribers



# In the sunglasses market, you can lose out by only stocking the brand leader.

There is a brand of sunglasses which are selling better than the brand leader.

In outlets which sold Foster Grant sunglasses and the brand leader, Foster Grant sold many more pairs.\*

We think it's because our glasses look better, our display material is more noticeable and our advertising is more effective.

And not only were Foster Grants selling faster, they were making more money for the retailer. That's because Foster Grant sell more sunglasses over £4.

So next year, your choice is simple. You can either sell the brand leader. Or you can sell the best sellers.

Foster Grant. We've got the looks as well as the lenses.

\*According to independent research conducted April-May 1976.





# Chemist & Druggist

The newsweekly for pharmacy

6 November 1976 Vol. 206 No. 5040

118th year of publication

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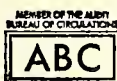
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# Comment

## 'Pill' prescribers

Last week's proposal by a Department of Health working group that pharmacists should be among health professionals able to prescribe oral contraceptives (after suitable additional training), has been followed by publication of the Family Planning Association's evidence to the group, in particular, its detailed schemes for making the "pill" available through pharmacies without medical profession involvement.

Certainly the FPA presents a challenge to the retail pharmacist, but there must be doubts concerning an extension of the professional role in this direction. Fundamental to the discussion must be the following extract from the DHSS working group's report: "We conclude that there was insufficient proof of the safety of oral contraceptives when used over a long period without adequate supervision to justify their being released from prescription-only controls in present circumstances".

As we have already reported (last week, p581) the group nevertheless went on to recommend that pharmacists and others could receive the training necessary to permit them to prescribe, that for the pharmacist involving clinical practice such as taking case histories and measuring blood pressure. The FPA schemes, however, and in particular its preferred scheme, would appear to leave the pharmacist exercising little or no control.

Should the side effects, precautions and contraindications of the oral contraceptive really be written off so lightly? Can the woman assess her own clinical situation that easily and safely? No matter how rarely the clear-cut contraindication occurs it is surely prudent to ensure that the patient's medical adviser—the only person likely to be aware of it—is in the picture. Yet the FPA schemes would leave the message, and the decision to convey it, to the patient (who would already have shown herself unwilling to approach her doctor on the subject).

Perhaps the Association's prime aim of avoiding the unwanted pregnancy clouds its judgment in relation to the welfare of the woman—after all, other unquestionably harmless methods of contraception are available, they are generally effective if properly used and much of the "embarrassment" in their purchase has been removed by more open display in pharmacies and other retail outlets, plus a more enlightened public attitude to their existence.

It must be stressed, however that whatever case may be made against pharmacist-prescribing in the present state of knowledge is applicable with equal or greater force in the case of the other professions mentioned.

## TV secret

Did Unichem keep their TV secret too well (p612)? Some pharmacists who saw the "teaser" advertisements in C&D say they ignored the advice to watch because they were "not interested" in the supposed advertiser—Numark, ASTMS, a leading OTC manufacturer and an insurance company were among the guesses. But full marks to Unichem for initiative and inventiveness; we hope that the "public relations" spin-off for independent pharmacy will not fall on deaf ears.



# Independents get TV support from Unichem

Unichem claim to have been the first organisation to aim television advertising at members of a profession when they took two-minute spots in 11 ITV regions on Sunday afternoon as part of their recruitment drive.

The commercial was revealed as the subject of recent "teaser" advertisements in the pharmaceutical Press (*C&D* October 23 and 30), the whole operation having been "cloaked in secrecy to achieve maximum impact." A last-minute telegram was also sent to 4,500 non-members. Although addressed to pharmacists, Unichem say they hope the message of the commercial will have been of interest to all viewers—"who had a timely reminder of the need to help keep the private pharmacist in business".

## Part of people's lives

Actor Philip Latham, who presented the commercial, told viewers: "The local pharmacy is as much a part of people's daily lives as morning newspapers or the chimes of Big Ben—one of those institutions that everyone takes for granted. "But suppose it wasn't there . . ." [Illustration of pharmacy with "Closed" stamped across.]

The presenter went on: "Your valuable contribution to the Health Service and genuine concern for people's welfare would be sadly missed and it is imperative that your personal service should continue to be part of our daily scene. If you are an independent pharmacist you may be worried about your future. Mergers, takeovers, growing multiple chains, all pose a threat." [Further illustration, with words—"Mergers" etc—stamped across.]

"If you are one of these pharmacists you will recognise the need for an organisation totally committed to the future of independent pharmacy. Such an organisation already exists . . . Unichem, a wholesale operation totally owned and controlled

by the pharmacists it serves, with the buying power and the management techniques that independent pharmacists need today".

The commercial continued with shots of the telesales girls operating the WOLF computer system, orders being assembled and vans leaving the branch, etc. Mr Latham added that Unichem was not only helping to build a more secure future for the independent pharmacist—"the customer benefits too, from excellent value and efficient on-the-spot service."

After further benefits were pointed out, the commercial concluded: "Remember, with Unichem you're independent—but never alone". Pharmacists were invited to phone for more details or use the Press coupons (see pp614-615).

Unichem's managing director, Peter Dodd, says the commercial sets out to provide "a simple statement of fact about the role of the pharmacist in society, current commercial threats to his independence and, finally, what Unichem membership means."

Unichem have no intention of repeating the commercial at present—but it had a second showing at peak viewing time on Tuesday in Harlech because of transmission quality on Sunday. Mr Dodd told *C&D* on Wednesday that reaction from members had so far been favourable and returns of inquiries from the ITV stations had not yet been received.

## Motion seeks to increase VAT registration figure

Two Liberal MPS—Mr Emlyn Hooson and Mr Geraint Howells—have tabled a Parliamentary motion urging the Government to increase to £12,000 per annum the figure at which self-employed persons have to register for VAT, saying that the present limit "is entirely unrealistic and the result

is oppressive to many self-employed."

Mr Robert Sheldon, financial secretary to the Treasury, said in a Commons written answer this week that useful progress was made by the EEC council of finance ministers on October 21 towards agreement on common arrangements for VAT administration. Such arrangements would take account of the differences between member states in their existing VAT systems where these differences involved important questions of social or fiscal policy. The council would meet again on December 16 with a view to reaching the agreement necessary for the sixth directive on VAT, effective in 1978.

## Government promotion plan attacked

The Government is planning to censor large parts of the Medical Press under the guise of saving costs in the National Health Service. That allegation was made by Mr Patrick Jenkin, Opposition spokesman on social services, at a luncheon of the Royal Society of Health's Pharmaceutical Group last week.

The proposal of Mr Ennals, Secretary of State for Social Services, to disallow the costs of drug advertising in some journals, but not in others, is certain to force many journals to shut up shop, said Mr Jenkin. Mr Ennals consistently denies that his Department has drawn up lists of "approved" and "disapproved" journals—"but at the same time he goes out of his way to reassure some that they will be alright." Whatever he might say no one would ever believe that DHSS officials would not discriminate against those journals which are critical of the Department and its policies.

"This is, if I may say so, a desperately dangerous road on which to tread, and I urge Ministers even now to draw back. Not only would they be wiser to avoid giving any possible grounds for suspicion of wanting to censor opinions of which they disapprove, but they surely do not want to deprive doctors of what they, the doctors, regard as valuable sources of information about new products."

If there had to be further restriction on the promotion costs incurred by the pharmaceutical companies, the Government should establish overall limits and leave the companies to decide how best to keep within them, he advocates.

## Faulty goods Order made

An Order prohibiting the use of notices and documents which appear to remove the rights of consumers comes into force on December 1.

The Consumer Transactions (Restrictions on Statements) Order 1976 (HM Stationery Office, SI No 1813), was made by Mr John Fraser, Minister of State, Department of Prices and Consumer Protection, and will cover such disclaimers as "No money refunded", with regard to faulty goods.

The order also requires statements about consumers' rights against a retailer or about obligations accepted by a retailer or manufacturer should the goods prove to be faulty (eg in a guarantee), to be accompanied by a further statement to the effect that statutory rights are not affected.



Kingston-upon-Thames retail pharmacist Mr S. S. Patel (second from right) dispenses some advice to actor "pharmacist" Peter Burton, before a filming session for the Unichem commercial at his pharmacy.



# Branded Goods contest 'who lost whom'

Branded Goods Ltd, the Midlands wholesalers, did not lose the Numark franchise as stated in *C&D*'s headline last week (p583)—Numark lost Branded Goods. That is the contention of Mr David Ward-Best, managing director, who adds that his company gave the required six months' notice to the board of ICML on September 22—more than a month prior to October 25 when ICML "purported to summarily dismiss us." The points are made by Mr Ward-Best in a letter addressed to the Editor of *C&D*.

He goes on: "To date, no facts have been put before us justifying this surprising action. Branded Goods Ltd was the most successful wholesale depot in terms of Numark recruitment and sales within the Numark organisation. The decision to relinquish the franchise was taken because of a lack of willingness on the part of the vast majority of our retail customers to continue the scheme."

## Dispensing doctors 'do not lead to pharmacy closures'

"The dispensing doctor is not 'throwing pharmacists out of business'—most of the closures of pharmacies have been in urban areas as a result of the changed economics of retail trading."

This opinion is attributed to Dr Michael Wilson, chairman, British Medical Association's rural practices subcommittee, in a recent *BMA News Review*. "The number of doctors in England and Wales is up but as a percentage of general practitioners, it is down," he says. "In 1964 there were 2,574 dispensing doctors—12.33 per cent. In 1974 there were 2,689—12.32 per cent. A very small proportion of the total number of NHS patients have their dispensing done by their gp."

Dr Wilson feels that the rural dispensing "standstill" has improved relationships between the two professions. "I felt that the dispute had got out of all proportion. I believe that we now have a better understanding of each other's problems".

## 11,001 pharmacies

There was a net loss of only four pharmacies to the Pharmaceutical Society's Register in September when 18 pharmacies closed down and 14 newly registered. One of the closures was in London, and 17 were in the rest of England, with no losses in Scotland and Wales. One London pharmacy was newly registered, together with 10 in the rest of England and three in Scotland. There were 11,001 premises on the Register at the end of the month.

Bal Jivan Chamco "baby tonic" is illegally imported and can cause the ailments it purports to cure, according to the Department of Health (see below)



## Department warning on 'illegal' baby tonic

A preparation with a high lead content and regarded as "highly dangerous" by the Department of Health is believed to have been illegally imported and on sale in shops in Asian communities.

The product, Bal Jivan Chamco baby tonic, does not meet the requirements of the Medicines Act 1968 and is claimed to relieve several ailments including convulsions—a condition which in practice lead can precipitate. A spokesman for the Department of Health said that there was no evidence of sale in pharmacies but it had been found in "spice" shops and by experience this suggests several other outlets would be involved. The product is packed in a white cardboard box with "red-dish printing" of instructions in English, Gujarati and Hindi and consists of a metallic spoon containing solid brown material. The Department added that investigation is proceeding with a view to possible prosecution.

## More complaints on claims for pharmacy items

The Advertising Standards Authority Ltd in August again upheld complaints about the advertising of pharmaceutical and cosmetic products.

A member of the public objected to an editorial-style advertisement for Anadin in *OK* magazine on the basis that it was not clearly distinguishable as paid-for space.

Both advertiser and publisher have assured the authority that future advertisements would be clearly identified as such.

A complaint was upheld against the claim that Murphy combined pest and disease dust was "ideal for vegetables—completely safe". The advertiser explained that the claim related to the product's safety so far as the vegetables were concerned and it was agreed that the claim could be misinterpreted in the sense of safety to the user.

Another member of the public questioned a testimonial in two separate Vichy skin care advertisements, in which the same girl was illustrated but with different names. The complaint was upheld and the advertiser apologised, saying the wrong photograph had been inserted in error.

## SI units authorised

Units of measurement Regulations came into operation on Monday, defining and authorising the units of the International System (SI)—the first time that a complete system of units of measurement has been prescribed and defined in UK law.

The Regulations—Weights & Measures, Units of Measurement Regulations, 1976 (HM Stationery Office, SI No 1674, £0.22)—authorise the units of measurement prescribed in the EEC Directives establishing them as the common system of units to be used throughout the Community for economic, health, safety or administrative purposes. They also set out the multiple and sub-multiple prefixes to be used in conjunction with the units and the symbols for the units and prefixes.

## NHS share of turnover still rising?

The proportion of chemist's total turnover represented by National Health Service receipts fell to its lowest level of the year during the period July-August—but the underlying trend is still upward.

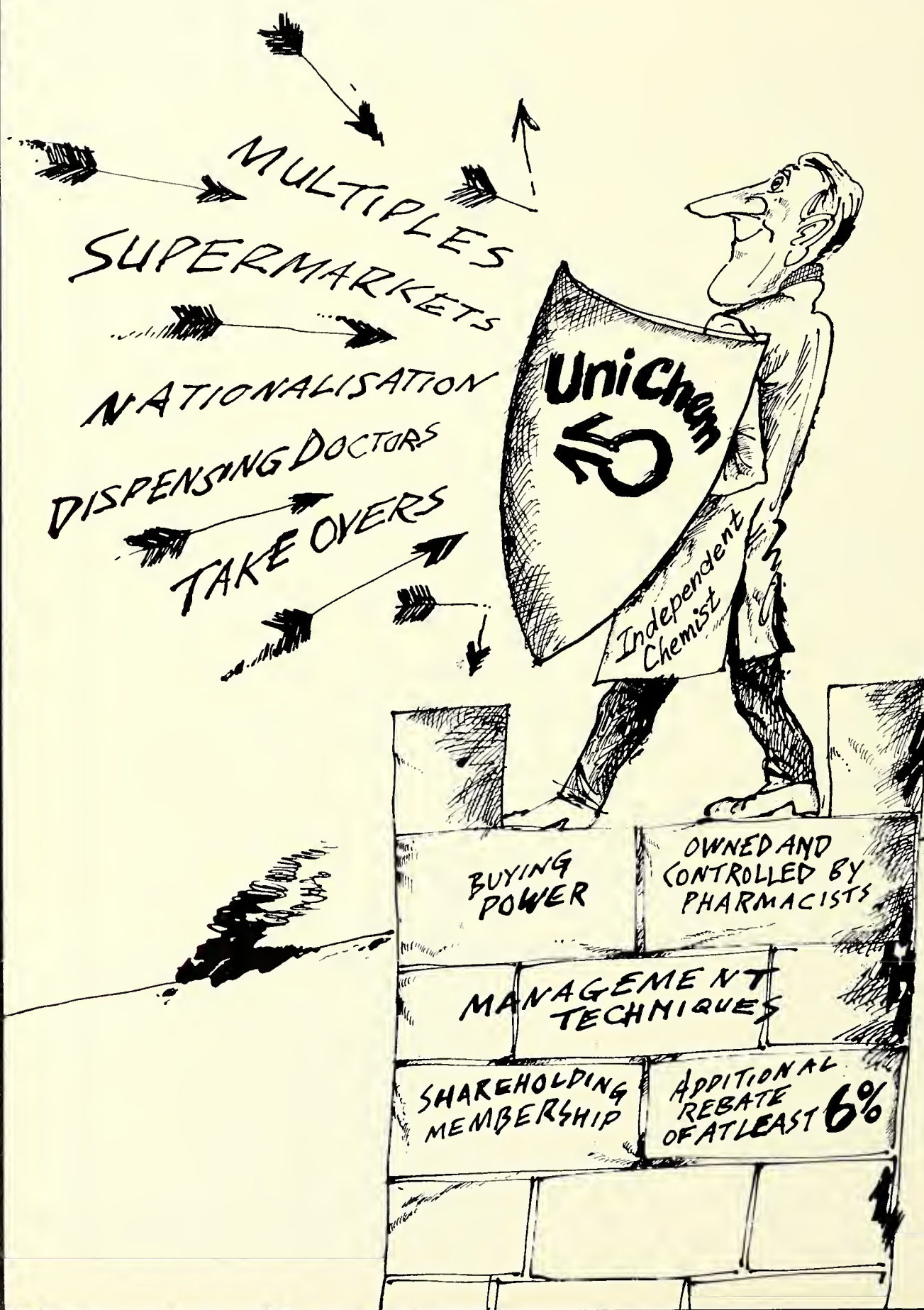
The A. C. Nielsen research organisation reports that NHS proportion of turnover in small independents was 54.3 per cent compared with 57.4 per cent for May-June; for large independents it was 54.6 per cent (58.3 per cent) and for multiples-Co-operatives (excluding Boots) 42.7 per cent (46.6 per cent). However, in the same period of 1974 the "total independents" figure was only 48.9 per cent and in 1975, 50.8 per cent (though the index basis was then different). The average number of prescriptions dispensed per

shop actually rose in all three groups, reflecting the increase in total cash receipts of £146,005,000 compared with £132,173,000 for May-June. The share of the three groups was: small independents 27.8 per cent; large independents 58.4 per cent, and multiple-Co-operatives 13.8 per cent.

Small independents showed average NHS receipts per week of £492, whilst the large independents showed £1,041 and the multiple-co-operatives £700. Average weekly cash takings were: small independents £317, large independents £843 and multiple-Co-operatives £871.

Comparisons with the same period last year are not available because small independents have now been reclassified.







# With UniChem You're Independent, But Never Alone.

## UniChem's "Protect-and-Profit" Plan gives you so much extra security.

Being an Independent Retail Pharmacist isn't easy. And week by week it's getting tougher.

Sadly, many Independent Pharmacists are closing – forced out of business by a combination of pressures – mergers, take-overs, dispensing doctors and growing multiple chains.

At UniChem, we're here to help you succeed.

As Britain's major Independent Pharmaceutical Wholesaler – solely owned and controlled by the Pharmacists we serve – we have developed the buying power and the expertise that Independent Pharmacists need today.

All Independent Pharmacists can use and benefit from UniChem's services but only as a Shareholding Member can you take full advantage of our "Protect-and-Profit" Plan.

**"Protect"** – because Membership gives you a full say in the running of your own Wholesale organisation, while the services we provide enable you to trade more efficiently, to build your business and safeguard your future.

**"Profit"** – because as a UniChem Member not only do you benefit from exclusive offers throughout the year on a wide range of high-volume counter lines, you also share in our profits – which this year

means an **additional** rebate of at least 6%.

There's a great deal more UniChem can offer you.

**O.T.C. discounts.** Our Profitable Buying scheme (P.B.) consists of approximately 2,000 top-selling o.t.c. lines on which a constant 6% discount is available.

**W.O.L.F.** UniChem's exclusive Warehouse on Line Facilities, the most advanced computer system devised for Pharmaceutical Wholesaling. With a single telephone call, you can make an instant check on the availability of any one of some 25,000 prescription and o.t.c. lines.

**Retail Stock Control (R.S.C.)** UniChem's R.S.C. scheme gives you a good in-stock position constantly, an accurate sales analysis, a lower stock holding with less capital tied up and a considerable reduction in paper work.

You've everything to gain from Membership. And a whole lot to lose without it. So send the coupon now – for the full "Protect-and-Profit" story.

---

To: J. A. L. Speller, General Sales Manager,  
UniChem Ltd., Crown House, Morden, Surrey.  
I am interested in the extra security and extra profit  
UniChem offers Independent Retail Pharmacists. Please  
give me full information.

Name \_\_\_\_\_

Address \_\_\_\_\_

CD/1 \_\_\_\_\_

UniChem – with us you're Independent,  
but never alone.





# FPA scheme for pharmacists to prescribe the 'pill'

The Family Planning Association has produced a pilot scheme for making oral contraceptives available through pharmacies. That was revealed last week when the Association gave its views about the report from the joint working party on oral contraceptives (last week, p581) which recommended pharmacists, midwives, nurses and health visitors should be allowed to prescribe the "pill".

The FPA welcomed and endorsed the report and commended the recommendation that members of those professions should receive recognised training before attaining the right to prescribe. Recognising that for some women, and by implication, those most at risk of an unwanted pregnancy, prescribing by a doctor is a deterrent, the FPA believed that there is no need for more than a basic screening procedure for the majority of women.

## Special packs

In that vein the Association had proposed a pilot scheme for pharmacists to the working group. The scheme would have meant that women would need to screen themselves but the health care teams in the pilot area should be made aware that extra supervision in other matters might be necessary.

In proposing the scheme, the FPA considered there would be sensible reasons for using just one brand. The use of an unbranded "pill" commends itself because:

- A separate pack and usage would clearly relate to the pilot scheme; use of a branded "pill" might make the gathering of statistics difficult in separating use on the test area from use on other areas.
- It impresses on all concerned in the pilot scheme that it is a special test situation and removes commercialism.
- It would offer commercial "fairness" in a pilot scheme where only one brand of "pill" was to be used.

The manufacturers consulted by the FPA were prepared to make available a low-dose product in foil labelled only with directions and with a suitable code number or reference for a pilot scheme. The company would be prepared to supply the product at a reduced price for the purposes of the pilot scheme.

On the mechanism of supply to outlets, it seemed to the FPA that the only sensible method was for the body appointed by the DHSS to administer the scheme, to purchase in bulk from the manufacturer; the appointed body would then, in turn, supply individual outlets.

The FPA considered whether or not in a pilot scheme the "pill" should be freely available from a variety of premises such as pharmacies, clinics, hospital outpatients, drug stores, and even supermarkets, or from pharmacies only. Because the Association

believed that a certain amount of screening would be necessary it considered that the best outlet was the pharmacy. It recommended that all the pharmacies in one town should be used in the trial.

Because the very women most in need may be put off by any sort of screening procedure, the FPA considered two possible systems, noting that any system had to be as simple as possible, with the "pill" available free of charge, and containing measures to eliminate the under 16s in order to comply with the law, as well as unsuitable. Under the first system, the woman would complete a two part duplicate form comprising (1) a simple screening system designed to eliminate as far as possible women who should not take the "pill", by ticking off a column of contraindications, with a design such that ticks in one column suggested that it was in order for her to take the "pill" whilst ticks in the second column would mean that the pharmacist recommended she visited her doctor or clinic; (2) the other part containing "market research" questions—the FPA suggest that the point of supply would be the best place to collect information such as the numbers taking oral contraceptives for the first time.

## Alternative system

Once the form was filled in and it was decided the woman was suitable, the pharmacist would supply one or more packs of "pills"—an initial supply of three packs is suggested. The pharmacist would record the supply on the first part of the form which he retained. Subsequent supplies of the "pill" would only be available if the woman presented the second part of the form at the same pharmacy. At the conclusion of the pilot scheme the pharmacist would return all forms to the central organising body for analysis; the pharmacist could be remunerated by payment of a fee per form.

In the alternative system, for use if the first is liable to exclude the woman most at risk, the "pill" would be supplied to anyone who asked for it without check. There would need to be a very carefully worded set of instructions and contraindications with each pack so that women who should not take the "pill" on medical grounds were warned. It must be accepted however that there will undoubtedly be women who do not read or ignore these warnings. Each pack of "pills" would also include a pre-paid, anonymous "market research" questionnaire which women were asked to fill in and return. On balance, the Association feels that this second system is preferable.

In conclusion the FPA recognises it will be necessary to publicise the free availability of oral contraceptives and that

could be done using some of the available media such as local Press, door to door literature or posters in chemists, clinics, and doctors' surgeries. The pilot scheme is seen as running for a limited period of perhaps 12 months and the women could then be transferred to either their gp or local clinic.

At a Press conference held to announce the working party's report on October 28, the chairman, Baroness Robson of Kidding-ton, indicated that clinical training and patient-history taking would be areas of further training for pharmacists. The exact nature of training and its testing would be a matter for the profession. She also said that since a pharmacist would probably require a separate room for interviews a subsidy may be necessary, although the working group had not paid great attention to matters of cost.

## BMA criticism

On the question of doctors relinquishing their prescribing role, Dr Murray Jones, the one dissenter from the group's recommendations, felt that doctors should not pass their responsibilities on to other professions particularly when considering the drug of choice under pressure from manufacturers' advertising.

The British Medical Association has criticised the report, stating that a case for making oral contraceptives available without a doctor's prescription had not been made. Whilst its evidence to the working party included the suggestion that in some instances it could be useful for a nurse, midwife or health visitor to issue a repeat prescription, the association pointed out that they should only be allowed to do so after approved training and under supervision of a medical practitioner "who should always bear the final responsibility".

The National Pharmaceutical Union has welcomed the recommendations; a spokesman told C&D that the organisation felt pharmacists were well able to bear the responsibility of prescribing oral contraceptives given that the pharmacist would have to undergo extra training. From an insurance point of view, the Chemists' Defence Association would not seek to argue against such an extension, since claims would only arise in a similar manner to other professional responsibilities if the pharmacist had been negligent.

## Drug interaction chart

A pocket size drug interaction chart is available from Boehringer Ingelheim Ltd Southern Industrial Estate, Bracknell Berks. The chart was devised by Dr Ivan Stockley, Nottingham University, who demonstrated a drug interaction slide rule at the BP conference 1974 but which was found too expensive to produce. About 70 drugs or classes of drugs are included on the chart, with guidance on the importance of each interaction, and a wall chart gives additional information.

## Eye Opener!

A customer walked in to a London pharmacy on Tuesday and demanded Synalar cream. He had, he said, cut his chest while getting into bed—in which he had left a tin-opener.



## Pharmaceutical industry leads in executives' salaries

Top executives' salaries in the pharmaceutical and toiletries preparations industries are the highest among all sectors examined in the fifteenth annual survey carried out by Inbucon/AIC Management Consultants. A median £17,500 is shown as being paid to managing directors compared with an "all industrial groups" figure of £12,240—but the report points out that this is to be expected because of the relatively high turnover of companies in the sector.

The main conclusion of the survey is that between July 1975 and July 1976, the average UK managerial salary rose by only 7.5 per cent, against 23 per cent in the previous year. Over the four years 1972-76, executives' salaries went up by 61.3 per cent gross (51.7 per cent net), compared with some 94 per cent for average earnings (all employees) and a rise of 83 per cent in the retail price index.

Inbucon find that company cars remain the most important fringe benefit—enjoyed by 52 per cent of executives; 37 per cent of those surveyed had free medical insurance, a benefit which increased sharply in popularity between 1973 and 1975.

15th Annual Survey of Executive Salaries and Fringe Benefits in the UK. Inbucon/AIC Salary Research, 197 Knightsbridge, London SW7 1RN. £40.

□ April 1976, average gross earnings of men were £71.80 a week, according to the October issue of the Department of Employment *Gazette*. That was £11.00 (18.1 per cent) up on 1975, while for manual occupations average earnings were £65.10 (up 16.9 per cent) and for non-manual occupations £81.60 (up 19.1 per cent). Average earnings for women continued to increase much faster than for men.

## News in brief

□ Northern Ireland chemists and appliance suppliers during August dispensed some 857,436 prescriptions (539,469 forms) at a total cost of £1,581,696—an average of £1.84 per prescription.

□ A wide range of drugs and dressings have increased in price in the October revision to the Scottish Drug Tariff. Appliances and Spec. 02A, Oxygen Therapy Service, are included in the November revision.

□ The November issue of *Which?* reports a survey on hair dryers. Of those models tested the magazine lists the following as "good value": Electra NEHD11 (about £5), Boots/Timothy Whites HD4 (£4.15), Currys handheld de luxe (£4.50), Northern Blankets NHDII (£4.50), Philips HP4116 (£9.75), Braun Plus 2 Set HLD50 (£12), Boots Vanity PH1 (£8.55), Krups Solitair 466 (£12.50).

□ The number of students applying through the Universities Central Council on Admissions to study pharmacy in October 1977 has declined both absolutely and as a proportion of the total. The number of application forms (28,665) UCCA received by mid-October was 6.8 per cent up on last year, with substantial increases in students wanting to do business management studies, law, accountancy, veterinary studies and combined languages.

# Topical reflections

BY XRAYSER

## General sale

Few pharmacists can have felt surprise over the decision of the Medicines Commission to reverse its previous view in the matter of control in the sale of analgesics. The mounting pressure of the industry to ensure at all costs the largest possible number of points of sale, supported by the organisations of the large retail outlets, had effectively weakened the resolve of the expert body. Now it remains for Ministers to accept the change of mind or to reject it. It has become increasingly obvious that the campaign of the manufacturers was taking effect and many have felt for some considerable time that the powerful financial interests would win the day.

In your editorial comment you refer to the fact that the media gave scant coverage to the matter this week, but the media, particularly that part of it concerned with large-scale advertising of medicines on television, could hardly be expected to make a great deal of it, for reasons which are not difficult to see. Despite the decision—a decision which, I am convinced, is very much against the public interest—pharmacists must stick to their principles. There must be, in the interests of safety, the same care on the part of the pharmacist as always.

Because the final decision seems likely to be that the public can pick up analgesics from a shelf in the supermarket, in the same way that it picks up and puts on the trolley, salt, margarine, toothpaste, tinned soup and shampoo, is no reason for the pharmacist to change his ways. From his knowledge, his training and his experience he *knows* that drugs are not ordinary articles of commerce and, of course, that is precisely the argument that has been, on second thoughts (if "thought" is the correct word in this case) rejected. There was little hope—public interest had no chance.

## Public interest

Public interest and safety are synonymous in the availability of drugs. Another side of the same subject, with a possible effect on pharmacy, comes to light with the report of a possible relaxation on the sale of oral contraceptives. (At the time you went to press the Report had not been published, though you gave details of what it was to contain.) I found the report in the daily Press very illuminating. It said: "Nurses, midwives, health visitors and even (!) chemists should be able to prescribe the "pill" provided they are suitably trained and certain safeguards are followed". The joint working group—a committee which included leading doctors, nurses and pharmacists—were opposed to the "pill" being sold over the counter or in slot machines, at least for the present.

Here we have a hormone substance which is capable of interfering with the natural processes in minute dosage and which is admitted in the report to carry certain risks, being made more readily accessible. I read that the British Medical Association says that the case for making the "pill" available without a doctor's prescription has not been made and that doctors should retain the ultimate responsibility. With that I completely agree, as I do with the view expressed by the BMA that there is a need for much more information about the long-term effects of the preparation.

## Explanation?

In a recent column I complained about the stony silence that greeted my efforts to communicate with some firms. A reader has sent me his comments (written economically in the margins of the paragraph) suggesting I should send a stamp, for postage is a big item even to big firms. There is little evidence of that. I received an invoice today—four sheets, carried forward from 1 to 2, to 3, to 4, in four envelopes each with a 6½p stamp. I hope my correspondent used a carrier-pigeon.



# New products

## Photographic

### 110 camera with flash

The Instaplus pocket EF1, complete with electronic flash unit, is the "starter" model of a new range of 110 cameras from Paul Plus Ltd.

Available in a presentation case (about £20) together with illustrated instruction sheet, the camera has an  $f/8$  26mm, three element colour corrected lens. The shutter release is of the "soft" type, with a socket for a cable release; the film wind on is by rotation of a knurled wheel and it incorporates a locking device to prevent double and missed exposures. Other features include bright viewfinder, hinge-open back, tripod socket, and lanyard. The flash unit, finished in black and silver trim to match the camera, clips onto the edge of the camera. Powered by two pen-light batteries, it incorporates a neon "ready" lamp and on-off switch.

A case for 180 slides (about £3.50) has also been introduced. Finished in leather-look black with a fold-away carrying handle and locking clasp, the case has an index for easy identification inside the lid (Paul Plus Ltd, Hempstalls Lane, Newcastle, Staffs ST5 0SW).

## Cosmetics and toiletries



Talc has been added to the Cossack range of men's toiletries but is currently being distributed only through Boots. The all-plastic container (supplied by Metal Box Ltd) has a Rotex dispensing cap in white polythene surrounded by a red polypropylene overcap. Makers of Cossack are Reckitt Products, Reckitt House, Stoneferry Road, Hull HU8 8DD



### Constellation line

Constellation line is an extension to the Sans Soucis range. It includes makeup—mode, moisturising, compact, and cream (£2.28, £1.23, £1.71, £2.25)—rouge creme (£0.96), lip brush (£0.91), eyeliner brush (£0.70), a range of eye shadows, gloss, eyeliner and mascara, eye makeup remover (£1.06) and remover pads (£1.74), lip gloss (£1.06), lipsticks—pearl, (£1.46) and cream (£1.31)—and a range of nail polish and

nail polish remover (Boma Beauty Products Ltd, 28 Paris Avenue, Newcastle, Staffs ST5 2RQ).

### Eylure lashes

Eylure believe that a fault of many false eyelashes is that they are too long and need trimming to fit, so they have designed Naturalite and fashion lashes in six new styles which are narrower on the band and don't need trimming.

All the styles retail at £0.85 a pack and their code numbers are A001, E002, A003, COO4, B001, and D002 (Eylure Ltd, Grange Industrial Estate, Llanfrehfa Way, Cwmbran, Monmouthshire).

### Novelties from television

Grosvenor of London are launching three new products based on the BBC television series "Bod and his friends". Initial products will be two transfer soaps (£0.66), talc (£0.50) and bubble bath (£0.75). The company are to exhibit new ranges of toilet holdalls and accessories, beach holdalls and sun hats at the Wholesale Gift Buyers Fair, Mount Royal Hotel, London, November 21-25 (Delle-Grosvenor Ltd, 71 Gloucester Road, Croydon, Surrey).

## Phasing out of fluorocarbon propellants ordered by FDA

The US Food and Drug Administration has announced plans for "an orderly phase-out of all non-essential uses of fluorocarbon propellant in food, drug and cosmetic products". Pending such elimination, they will require an interim warning label on all containers using such propellants that the container includes a fluorocarbon which damages the environment.

The proposals follow the publication of a report from the National Academy of Sciences which concluded that fluorocarbon propellants are depleting the vital ozone layer in the earth's stratosphere. The report adds that up to two years' additional research may be needed to better determine the degree of ozone depletion caused by the propellant and that final regulatory action should await the result of that research.

However, announcing the FDA's intentions last month, its commissioner, Dr A. M. Schmidt, said: "A narrowing of the probable range of ozone depletion caused by continued use of fluorocarbons won't change the ultimate regulatory situation . . . Given the effects on human health even a two per cent ozone depletion from 'unessential' uses of fluorocarbons is undesirable . . . It's a simple case of negligible benefit measured against possible catastrophic risk, both for individual citizens and for society. Our course of action seems clear beyond doubt".

Dr Schmidt emphasised that the phase-out programme would be developed on the basis of reasonable regulation and minimum cost to consumers; it will not involve product recalls.

### Aerosols good value—BAMA

"Not only are aerosols competitive with many other products but, for example, the cost of one well known hair spray has been reduced in real terms over the last decade by 43 per cent."

That is one of the statements issued by

the British Aerosol Manufacturers' Association in conjunction with a paper "Cost-effectiveness of aerosol products". The paper has been produced to enable the public, consumer groups and the Press to draw valid conclusions regarding the economy of aerosols compared with other packaging, and it provides relevant statistics about the products popularly supplied in aerosols, eg pharmaceutical inhalations and body surface medicaments, hairsprays, deodorants and Colognes. Where aerosols are more expensive the association says that a convenience is offered not possible by other methods.

## Numark pleased by competition success

Independent Chemists Marketing Ltd say they are very pleased with the results being achieved by the Numark "family fortune" competition which runs until late November.

Wholesaler members of the group are reporting a big offtake of the products on promotion—at least double normal promotional quantities. Demands for extra entry forms are also being received by wholesalers, following distribution of the initial quantities of 1,000 per retailer. Mr Richard Smith, Numark merchandising manager, adds: "We planned this competition many months ago; we had to increase our estimates several times for entry forms, and it now looks as though we will only just have enough—it's all very encouraging."

□ Around 50 per cent of all Numark shops have taken part in the group's shop identification programme, launched at the end of August, in which a simple design is attached to the inside of members windows free of charge.





# André Philippe

PRESENT TWO **NEW** ELEGANT PRESTIGE LINES

## TOGETHER

### SHOWER bubble bath

One of the most elegant gift packs of this season. A Bubble Bath with a sponge for him — a sponge for her. A pleasing 'Him & Her' gift.

REF 18

**£7.00**

per dozen  
plus VAT

Suggested  
RETAIL  
PRICE  
95p EACH

packed . . . 1 dozens

A TOGETHER gift



## COLOGNE 69

A specially prepared and exclusive perfume for use by Him or Her in a most elegant pack.

REF 26

**£5.50**

per dozen  
plus VAT

Suggested  
RETAIL  
PRICE  
74p EACH

packed . . . 1 dozens

★ PRODUCTION JUST STARTING ★

★ All packs in fine quality  
ASTRALUX board with  
block gold printing

**BEAT US IF YOU CAN! NO BETTER VALUE! NO WAY!**

ORDER NOW FOR IMMEDIATE DELIVERY, WRITE OR PHONE TO:-

**André Philippe Ltd. 71/71B GOWAN AVENUE, FULHAM, LONDON, SW6 6RJ Tel: 01-736 2194/2397**



# FOR A PROSPEROUS ORDER BEFORE

Take advantage of Polaroid's special Early Bird Offer and you can make substantial extra profits on our four new sunglass packs.

It works like this:

Order any of them before December 31st through your regular distributor for delivery in January or February.

In return, for our 140 pack you'll receive an extra bonus of eight free pairs of Polaroid Sunglasses. Making a total of thirteen free pairs worth £71.85 retail.

An extra four free pairs for our 75 pack, making seven free pairs worth £35.40.

Three free pairs for our 50 pack worth £16.

And an extra two free pairs for our first-ever clip-on pack, making five free pairs



£71.85 SRP total bonus when new 140 pack ordered through Early Bird.



# NEW YEAR, DEC. 31<sup>ST</sup>.

£16 SRP total bonus when new 50 pack ordered through Early Bird.

worth £22.85.

Naturally, the stands in each case come free too. Whilst the sunglasses themselves feature our exclusive International styles in several lens variations.

Furthermore, they're pre-priced. Guaranteed a year. And form the basis of a dramatic advertising campaign that next year will pre-sell over 30,000,000 potential customers.

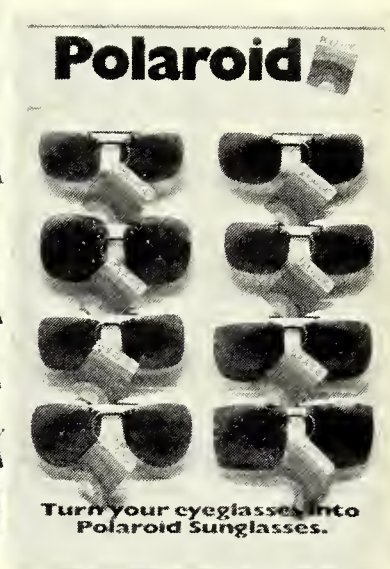
Right now, though, we're more interested in selling *you* on Polaroid sunglasses.

Hence our unprecedented offers. Offers befitting our position as brand leader.

But don't leave your orders too late.

After all, you know what it is the early bird catches.

## POLAROID SUNGLASSES

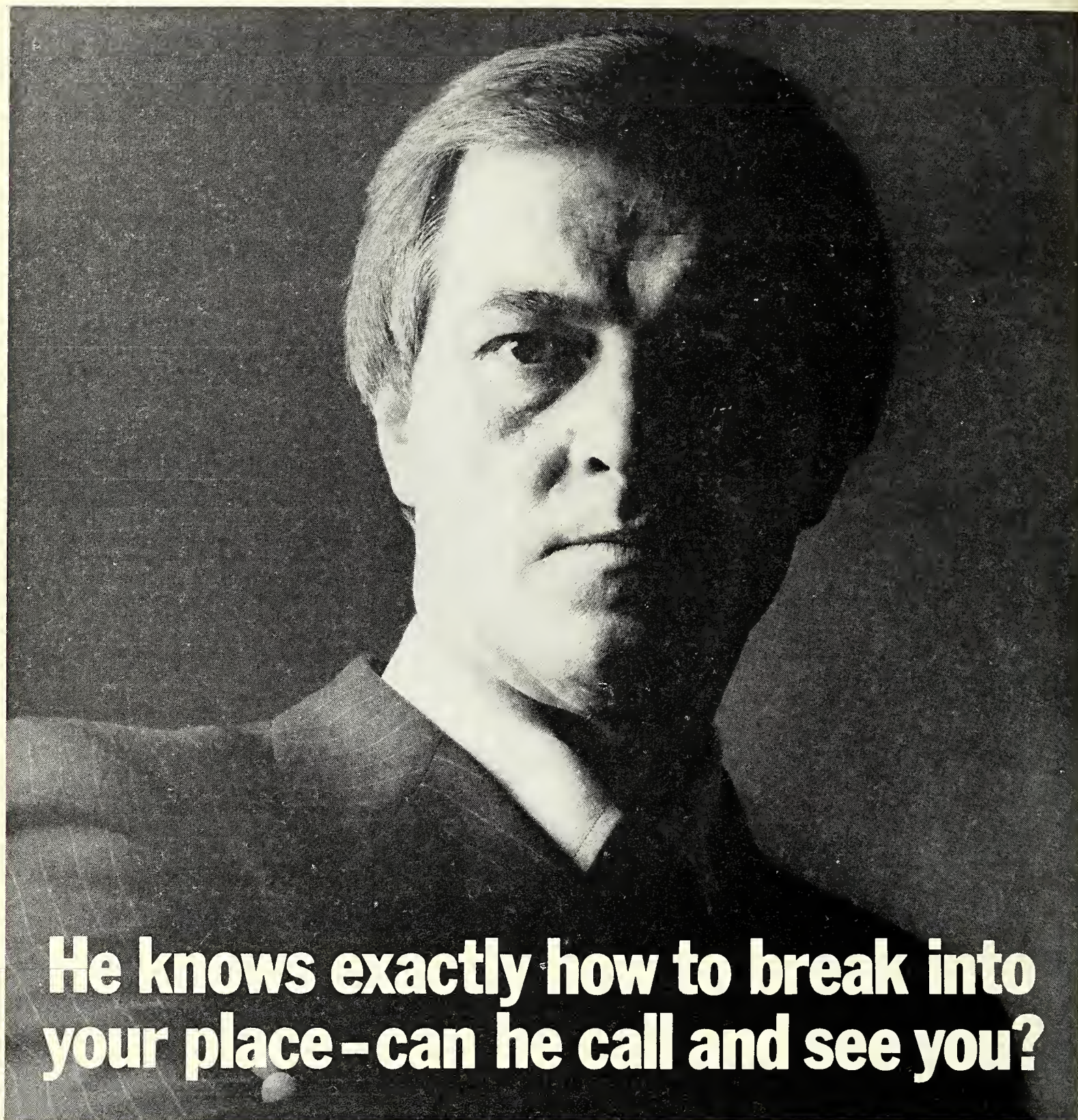


£22.85 SRP total bonus when new clip-on pack ordered through Early Bird.



£35.40 SRP total bonus when new 75 pack ordered through Early Bird.





# He knows exactly how to break into your place – can he call and see you?

He can spot a chink in your security at ten paces.  
That's his business.

He's trained to see the sort of loopholes that make you a prey for the break-in specialists.

He has behind him the accumulated knowledge of Europe's largest total security service.

There's no business too small or too large to interest him. He's one of a team of Group 4

consultants that offer advice free.

If you need magnetic contacts, wire systems for windows and doors, microwave, ultra sonic detectors, or any other of the security systems available he'll know.

Call him in and protect your profits. You'll also make insurance companies regard you more kindly and sleep more soundly.

**Europe's largest total security service.**

I would like your advice on the security of my business.

Name \_\_\_\_\_

Address \_\_\_\_\_

CD6

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TOTAL SECURITY

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# Trade News



## Therex name change

Newton Chemical Ltd, 2 Mansfield Road, South Croydon, Surrey CR2 6HN, have adopted the new trade name T-zone for their decongestant tablet (14, £0.29). A notice on each pack explains to customers that T-zone better describes the central nasal-sinus area where the main symptoms of sinus congestion and headcolds are experienced, pointing out that the formula is unchanged. "Therex" will remain on the pack for an interim period as an aid to identification.

Farillon Ltd, Chesham House, Chesham Close, Romford, Essex, is the UK distributor; Johnson Brothers (Belfast) Ltd for Northern Ireland. National Press advertising starts on January 1.

## Polaroid Christmas promotion

This Christmas Polaroid (UK) Ltd, Ashley Road, St Albans, Herts, are spending more than ever on television advertising for instant photography with the Polaroid Colour Swinger camera. Starting in mid-November, the 30-second commercial shows that everyone wants to share instant pictures at Christmas. That method of selling the Colour Swinger has proved extremely successful in the past say Polaroid, and they are asking dealers to ensure they have sufficient stocks of cameras so that they may again benefit.

The recently-introduced 2000 camera will be advertised in the Press including *Radio Times*, *Sunday Telegraph Magazine*, *Financial Times* and *The Times*. In all, Polaroid's pre-Christmas advertising has a budget of nearly £400,000.

From this week dealers throughout the UK will be meeting "Miss Polaroid" who is visiting stores to help set up Polaroid's colourful Christmas display material. The new material includes a display unit for the window to hold three cameras, together with door decals, window banners and posters for both the Colour Swinger cameras and the SX-70 cameras, emphasising the "fun and excitement" theme of the television commercials.

## Farley's story book

Farley's have now compiled a book of 25 of the successful stories entered for their bedtime stories competition last autumn. The book is called "Sleep Tight, Sweet Dreams" and will be offered on family-size Farley's rusk packs from the beginning of December at a special price of £1.25, from Glaxo-Farley Foods Ltd, Torr Lane, Plymouth PL3 5UA.

## Neosorex retail pack

A 500g retail pack (£0.91) of Neosorex ready-to-use rat bait based on difenacoum has been introduced by Sorex (London) Ltd, Fulton House, Empire Way, Wembley, Middlesex HA9 0LX. Neosorex was

introduced commercially in 1974 and the retail pack, which comes in outers of 12, was recently given clearance by the Ministry of Agriculture.

## Majic Press campaign

Majic, the hairsetting lotion in a capsule from the Eugene division of Ashe Laboratories, Leatherhead, which was originally marketed on national television in the late summer has now begun advertising in the national Press. Advertisements which outline Majic's five selling points—long lasting, adaptable both style-wise and in the type of hair, sets naturally and conditions—will be appearing in the *News of the World*, *Sunday People* and *Woman's Weekly* until the end of December.

Eugene decided on a Press campaign in the light of the poor ratings currently being produced by commercial television.

## Yardley price corrections

Yardley of London Ltd, 33 Old Bond Street, London W1X 4AP, say incorrect prices were supplied for their new fragrance range, Chique (last week, p590). Correct prices are: Cologne spray (1oz, £2.40; 2oz, £3.95) and perfume (£4.40).

## Cow & Gate coupons

Cow & Gate are complementing their promotional offer of a 5p coupon on every pack of modified milk—redeemable against fruit syrups, baby meals and Liga rusks—with a 5p off coupon appearing later in November in a selection of mother and baby magazines. They are still offering mothers the chance to obtain two ceramic children's mugs in return for proofs of purchase of Liga rusks or fruit syrups, and are now offering a free personalised egg cup with 20 labels from any variety of Cow & Gate strained baby meals.

## Kitchen roll packs changed

The shrink wraps round the twin packs of kitchen rolls have been redesigned in keeping with the Nusoft range of paper products by Independent Chemists Marketing Ltd, 51 Boreham Road, Warmister, Wilts. Delicate shades of orange and yellow, combined with white give the packs a more modern image.

## Choosy tights

Choosy cat food are carrying an exclusive offer of Norman Hartnell tights. A promotional flash and panel invite housewives to send £1.00 plus labels from any two large cans, or four handy cans, of Choosy and for this they will receive five pairs of one-size tights in a choice of three colours.

Promotional retail cards are available for point of sale from Spillers Ltd, Old Change House, Cannon Street, London.

## Beauty bag offer

Jeyes UK Ltd, Brunel Way, Thetford, Norfolk, are currently running an on-pack offer for Babysoft tissues of a quality beauty bag. The bag will be available to consumers for £0.66, plus £0.16 post and packaging, and two cut-out centres from the tissue packs; with a recommended retail price of over £1, the bags are made of cotton with an interior pocket and a waterproof lining. Measuring 12 x 8½ in, they are printed in a floral design with a choice of background colours. The promotion is the second since Babysoft was repackaged last March, and the company says that sales have grown by some 20 per cent since then.

Pence off flash packs will be available from the company during November. The offers, 2p and 3p off 1bcol 12fl oz and 20fl oz, 2½p off Brobat Bloo and 2½p off Parazone 1l, are designed to add further growth to their respective market positions say the company.

## Supersoft hairspray repacked

The theme of the new Supersoft hairspray pack is a dressing table mirror surrounded by toiletry items, with a girl's face in the mirror. Reckitt Toiletry Products, Stoneferry Road, Hull HU8 8DD, are using a different colour for each variant to identify the shampoo packs, green for greasy, blue normal, sepia dry and tangerine extra hold.

## Metrication of demerara Sugaree

The third stage of the Slimming Aid Co Ltd, 178 High Street, Teddington, Middlesex TW11 8HU, metrication programme has been implemented with the conversion of demerara Sugaree packs. The new size is equivalent to 1kg of demerara sugar in sweetness and contains 100g (£0.28). Packs continue to be price marked and metric demerara cases are coded 61025 or higher. Unlike white Sugaree, demerara Sugaree is now available only its new metric size.

## Earex 1977 campaign

Advertisements featuring Earex ear drops will be appearing 400 times in 20 major publications throughout 1977. This will be record promotional coverage reflecting the remarkable rise in sales this year, say Earex Products Ltd, 3 Miles Buildings, Bath BA1 2QS.

## Us shampoo on air

Us shampoo goes on air for the first time for two weeks from Monday and this burst of advertising forms part of the £420,000 campaign supporting the launch by Johnson Wax Ltd, personal care division, Frimley Green, Camberley.

## Tak introduce new wiping material

Tak Chemicals Ltd, Hayes Lane, Lye, Stourbridge, West Midlands DY9 8PJ, have developed a new type of wiping material, Ultra-Clean Wipe, a high-quality non-woven cleaning fabric suitable for the most sensitive of wiping and cleaning applications in the hospital, pharmaceutical and laboratory fields. It is based

Continued on p624



## Trade news

Continued from p623

on a strongly bound web of synthetic fibres entangled together in a repetitive pattern such that no fibre is easily released or fractured.

### Unichem November offers

In addition to "members only" offers (last week p596), Unichem Ltd, Crown House, Morden, Surrey, are offering the following at special rates in the period November 8 to 27: Alka Seltzer; Alberto Balsam conditioner; Anadin; Andrews liver salts; Andrex double toilet roll; Arrid extra dry; Astral; Atrixo; Beecham powders, tablets and hot lemon; Brylcreem; Crest; Cussons Imperial Leather talc; Lilia 10s; Mac lozenges; Milk of Magnesia; Ralgex spray; Silvikrin; Sunsilk shampoo; Vaseline jelly and Intensive Care lotion; Venos; Virol; Wilkinson Sword WII blades; and Zubcs. In addition, there is also a general offer for Kotex Sylphs 20s and Kleenex Boutique tissues available November 15-30.

## on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island

**Alberto VO5 shampoo:** All except U, E  
**Amber:** All except E  
**Anadin:** All except E  
**Aspro Clear:** All areas  
**Atrixo:** All except E  
**Beecham powders:** All except E  
**Bic razors:** All except E  
**Braun:** All except E  
**Clearasil cream:** Lc, Sc, So, A, G  
**Crest:** So  
**Denclen:** So  
**Disprin:** All areas  
**Divi-Dent:** All except So, E  
**Falcon:** All except E, CI  
**Gerber babyfoods:** Ln, Lc, Y, NE  
**Imperial Leather foam:** All except E  
**Lucozade:** All except E, CI  
**Macleans:** All except E, CI  
**Milton crystals:** M  
**Milton Milgard:** U  
**Miranda foam bath:** Y  
**Night Nurse:** All except E  
**Oil of Ulay:** All except E  
**Philips Home Trim:** Ln, M, Lc, Y, NE  
**Philishave:** All except E  
**Old Spice:** All areas  
**Ribena:** All except E  
**Sequana:** Lc  
**Seven Seas:** Sc  
**Silvikrin shampoo:** All except E, CI  
**Tabac:** All except U, E  
**Us antiperspirants:** All except E  
**Us shampoo:** All except E  
**Vick Medinite and Sinex:** All except E  
**Vick Vaporub:** All except E, Sc  
**Vick Cough Calmers:** N, E, Y  
**Zendiq:** All areas

# Prescription specialities

### BENORAL tablets

**Manufacturer** Winthrop Laboratories, Sterling-Winthrop House, Surbiton-on-Thames, Surrey KT6 4PA

**Description** White, capsule-shaped tablet marked "Benoral" one side, containing benorylate 750mg

**Indications etc** As for Benoral suspension

**Dosage** *Adults*—Two three times daily

**Packs** 100 (£1.98 trade) and 500 (£9.52)

**Issued** November 1976

### FAZADON

**Manufacturer** Duncan Flockhart & Co Ltd, Birkbeck Street, London E2 6LA

**Description** Clear yellow solution containing fazadinium bromide equivalent to 15mg of fazadinium per ml, made isotonic by the inclusion of 0.6 per cent w/v of sodium chloride and stabilised with 0.3 per cent w/v of  $\alpha$ -thioglycerol

**Indications** Neuromuscular blocking agent indicated in surgical and obstetric procedures which call for endotracheal intubation and subsequent muscle relaxation

**Contraindications** Must not be used simultaneously with a depolarising agent

**Dosage** *Adults*—5ml intravenous recommended, or dose may be calculated as 0.75mg-1mg per kilogram body weight, when sufficient laryngeal relaxation for intubation may be expected in between 30 and 60 seconds. *Children*—insufficient evidence to recommend use under ten years of age

**Precautions** Respiration must be assisted and facilities available for controlled ventilation. The following anaesthetics increase the neuromuscular blocking effect—ether, halothane, cyclopropane, Althesin. Duration of action may be prolonged by—diazepam, pentobarbitone, clindamycin, colistin, kanamycin, neomycin, polymyxins, streptomycin and viomycin. Must not be mixed in the same syringe with alkaline anaesthetic agents. Mainly excreted unchanged in urine hence renal insufficiency may require reduced dosage. In cases of myasthenia gravis or myasthenic syndrome small doses should be administered and with extreme caution. Dosage reduction may be required in gross obesity, myopathy, or after poliomyelitis. Neuro-muscular blockade of non-depolarising drugs is decreased during hypothermia but increases again when the body temperature returns to normal. Use in the first trimester of pregnancy should be avoided unless absolutely necessary

**Side effects** Transient tachycardia and local inflammatory reactions have occasionally been observed

**Storage** Protect from light at a temperature not exceeding 20°C

**Packs** 10 x 5ml ampoules (£5.92 trade)

**Supply restrictions** Recommended on prescription only

**Issued** November 1976

**Notes** Acts by competitive (non-depolaris-

ing) blockade of the acetylcholine receptors in the motor end plates. At the recommended dosage relaxation is maintained for about 40 minutes. Its action is reversed by anticholinesterase drugs given after 10 minutes or longer. Crosses the placental barrier only in very small amounts and has no adverse effect on foetal movement

### Flagyl in anaerobic infections

A new indication for Flagyl—use in anaerobic infections—is announced by May & Baker Ltd, Dagenham, Essex RM10 7XS. It is recommended particularly for *Bacteroides fragilis* and has been used successfully in septicaemia, bacteraemia, brain abscess, necrotising pneumonia, osteomyelitis, puerperal sepsis, pelvic abscesses, pelvic cellulitis and post-operative wound infections. The drug may be given before and after gynaecological surgery to prevent post-operative infection from bacteroides species and anaerobic streptococci.

The adult dose is 400mg orally three times daily during or after meals and the children/infant's dose is 7mg per kg body-weight three times daily with food. It may be given alone or with other antibacterial agents for at least seven days. For prevention the adult dose is 2g orally as a single dose on admission, then 200mg three times daily before operation and for seven days afterwards.

### Burgess paraffin gauze and stockinette

A sterile paraffin gauze dressing—Paratulle—has been produced to BPC specifications by Edwin Burgess Ltd, 27 Uxbridge Road, Hayes, Middlesex. It is presented in packs containing 10 one-piece sachets (£0.60 trade).

Also introduced is an elastic net surgical tubular stockinette bandage—Lionet—to Drug Tariff specifications in four sizes (C—40cm, £0.27 trade; E—60cm, £0.48; F—60cm, £0.70; G—60cm, £0.94).

### Merck distribution

Following the rapid growth of business and anticipated introduction of several new preparations, E. Merck Ltd are now undertaking their own distribution of products from new premises at Four Marks, Alton, Hants GU34 5HG.

### Davenol 500ml size

A 500ml bottle of Davenol linctus (£1.20 trade) replaces the 1,200ml size from Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks.

### Baycaron pack size change

The 56 pack size of Baycaron will be discontinued by Bayer UK Ltd, pharmaceutical division, Haywards Heath, West Sussex RH16 1TP, as soon as existing stocks are exhausted. Baycaron will in future be available only in the 150 pack.

## Contac 400

Menley & James Laboratories, division of Smith, Kline & French Laboratories Ltd, Welwyn Garden City, Herts, point out that while Contac nasal mist has now been discontinued, all three sizes of Contac 400 capsules remain available.





# Have you forgotten what a British Winter is really like?

After four mild winters in succession, can we really expect to be presented with a fifth.

The law of averages says no.

And as a pharmacist you know what that means better than most.

Flu. Coughs. Colds. Sore throats.

The usual.

When your dispensary starts displaying all the symptoms of a British winter, Wade Pharmaceuticals can help.

With a first class analgesic and an equally effective antitussive.

Neurodyne, containing paracetamol B.P. 500 mg and codeine phosphate B.P. 8 mg comes in capsule form.

Copholco, containing 5.63 mg, pholcodeine in each 5 ml dose, is presented

in a pleasant colloidal base.

And Copholcoids pastilles containing pholcodeine 4 mg for relief when your customer is away from home.

Good reasons for stocking Copholco, Copholcoids, Neurodyne are:-

1. One third off retail price.
2. Direct orders charged: Copholco 72 as 54 or 36 as 30. Copholcoids 24 as 22. Neurodyne 12 as 10.
3. Terms as above can also be included with other Biovital/Radiol/Wade products qualifying for 12½% on £50 orders or 10% on £25 orders.
4. Current advertising in medical media and detailing to Doctors.
5. Exclusive 'Chemists only' products.

## Neurodyne®. Copholco®. Copholcoids®.



Wade Pharmaceuticals Limited, Witham, Essex CM8 3AG. A subsidiary of Radiol Chemicals Limited.



## COUGHS AND COLDS

# Promising results in common cold research

Cautious optimism would be the best way to describe the attitude of researchers trying to find a cure for the common cold.

Progress at the MRC Common Cold Unit, Salisbury, is said to be "slow but steady"—but at least progress is being made and the researchers even go so far as to admit that results obtained are "promising".

The need for the cure to be safe yet cheap is perhaps more apparent in the common cold than in any other disease. A drug with severe side effects is obviously unsuitable for treating what is usually a mild, self-limiting complaint and the cost has to be balanced against the loss to the economy when workers have an occasional day off. But these days off amount to some three million in Great Britain, according to the Office of Health Economics, whose figures only refer to patients providing a doctor's certificate after three days' absence.

### Work with interferon

Work with interferon appears to be showing the most promise. Interferon is a protein released from body cells in response to virus infection and which, when taken up by other cells, makes them resistant not only to the original virus but to a wide range of other viruses. It has an antibiotic-like action but the exact mechanism is unknown—it may inhibit the oxidative process which supplies energy for the synthesis of viral DNA or RNA.

In the laboratory, interferon can be produced by stimulating human cell cultures. After purification and concentration this exogenous interferon may be injected and used in clinical trials. White blood cells have been used, but there are limits to the amount that can be obtained from blood donors and the main interest now lies in developing interferon from human fibroblasts. Relying on these plentiful connective tissue cells will make the use of exogenous interferon in virus diseases a much more practical proposition. The compound has the great advantage of being non-toxic and is metabolised in the same way as endogenous interferon.

Interferon is best given at the site of infection and a trial of leucocyte interferon in the form of a nasal spray has shown good results. As soon as fibroblast interferon is available it will be tried in a similar presentation.

Alternatively, a person may be induced to make his or her own interferon. Interferon-inducing drugs fall into two groups, one having large, double-stranded molecules similar to RNA and the other

having lower molecular weights. While the latter have not shown sufficient activity, the former are more active but have toxicity problems. Many attempts have been made to modify the molecule so that the toxicity is reduced but inducing properties retained. Once again, the actions of these compounds remains something of a mystery.

Research is concentrating on development of a suitable anti-viral drug, as drug therapy is showing more promise than vaccination. Too many rhinoviruses, the most important cause of colds, have been identified to make vaccination feasible—over 150 serotypes are now known, all of which would probably have to be incorporated into the vaccines.

The only drug already on the market showing activity against respiratory viruses is amantadine which can often successfully modify the course of influenza A infection by preventing further invasion of the host cells by the virus. The Common Cold Unit has been investigating other similar compounds but most research is carried out on completely

new drugs with a wide range of different chemical structures. They are usually submitted by drug companies whose initial screening has revealed anti-viral activity; the Unit then becomes involved at the clinical trial stage.

Ideally, the drug should have a wide spectrum of activity. Some of the anti-rhinovirus compounds examined in double-blind trials have produced a reduction in cold symptoms or in the amount of virus that an infected person sheds, but most have shown too little activity to be useful.

One of the most recent trials coordinated by staff of the unit was on vitamin C and was carried out on 1,300 volunteers going about their usual jobs. They were told to take 1g four times daily at the onset of a cold and record their symptoms over the next three days. While some trials of the vitamin have been criticised for producing unreliable results, Dr J. W. Craig, medical superintendent at the Unit, believes this trial

*Continued on p629*



*Illustration courtesy of International Chemical Co Ltd*





**Benylin\* Expectorant • Benylin Paediatric • Cosylan\***

125 ml. O.T.C. packs.

Contact your Parke-Davis representative or ring direct to  
Sales Order Control, Pontypool.

**PARKE-DAVIS**

market leaders in cough treatment

Parke-Davis & Company (Inc. U.S.A., Liability Ltd.). Pontypool, Gwent NP4 8YH. Telephone: Pontypool 2468 \*Trade mark  
Full information (including data sheet) available on request. 6106-U.K.





## Vicks stands for more sales.

Why? Because Vicks are No. 1 in the proprietary coughs and colds remedy market through pharmacies.

Because we are spending a massive £1¼ million on television this winter. And there's radio too.

Because we're continuing our highly

successful incentive scheme for displaying Vicks products.

So don't be left out in the cold this winter, take a Vicks stand for more sales.

# Vicks.



COUGHS AND COLDS

Research  
at MRC

Continued from p626

had certain important improvements over previous ones. Firstly, a large number of people took part, secondly they took the vitamin only when they developed symptoms, a regime which is bound to have a lower drop-out rate than asking people to take a drug prophylactically throughout the winter, and finally the trial was organised to make it impossible for the participants to discover whether they were taking the vitamin or the placebo, an aspect in which some other trials have failed. The results have not yet been processed.

Most trials take part at the unit itself where the volunteers stay for ten days free of charge. Up to 30 can be accommodated at a time and most say they enjoy themselves, many returning again and again for their annual holiday—some even come for their honeymoon! They are isolated in "flats" in twos or threes, those coming singly have a separate room. A library, newspapers, radio and television are provided and the volunteers are able to venture into the surrounding countryside so long as they do not mingle with other humans.

Volunteers arrive on a Tuesday, when blood samples are tested for antibody levels depending on which viruses are to be studied—some take part in common cold trials, others in influenza trials. Medical check-ups and X-rays are carried out to make sure the volunteers are in good health. They are then examined daily for three days to see if they have already caught a cold which would be the result of a viral infection brought in from outside. If not, they are challenged with the virus to be tested in the form of nasal drops under double blind condi-

tions. Only the virologists, who do not come into contact with the "patients", know who is receiving the virus.

After a further two or three days, during which medical checks are carried out night and morning, the volunteers are given nasal washouts and the fluid transferred to tissue cultures to see if cold viruses grow (three to five days incubation), or embryonated hen's eggs to see if influenza viruses grow (48 hours incubation). Only one in three volunteers catches a cold and even then the symptoms are usually slight. Some act as a control group and others may already be resistant to the virus they are given.

Any drugs being tested are taken as tablets or in the form of a nasal spray, either before or after the viral challenge according to whether the drug is believed to prevent colds or to alleviate the symptoms. Volunteers are asked to provide a second blood sample ten days after they get home, when serology tests show how the antibody picture has changed during their visit.

Nature of viruses

There is still much to be discovered about the nature of viruses causing the common cold. They grow best at 33°C, in a slightly acid medium (pH 6.8-7) and with a plentiful air supply, conditions resembling those in the human nose. While rhinoviruses are the most frequent cause of colds the coronaviruses, which produce different antibody responses, bring about similar symptoms—the result of invasion and eventual breakdown of the nasal mucosa. The infection is local and the viruses do not appear to enter the bloodstream.

There is a common belief that people get more colds in winter, but the exact way in which climate affects the viruses is not understood although rhinovirus infections seem to be more prevalent in autumn and early winter.

Another uncertain area is the way in which colds and flu are spread. Droplet infection from coughs and sneezes still seems to be the answer, although some workers in the United States (C&D, November 3, p629, 1973) have suggested that colds are transmitted by touch. They

said people were constantly fingering their noses and eyes thereby infecting themselves with viruses picked up from furniture, books etc. Certainly, it can be shown that people with cold symptoms carry the virus on their fingers. It can also be shown that viruses are shed onto surrounding objects, but it is difficult to prove that a significant number are transferred on to other people's hands. However, social niceties apart, it is probably a wise precaution not to finger one's nose or eyes when in the presence of a person shedding cold viruses.

The only time whole groups of volunteers are allowed to mix in the Unit is during tests on viral spreading. Although every effort is taken to ensure that conditions resemble those outside, it is surprisingly difficult to make the viruses spread, suggesting that the conditions there are somehow artificial. Some people shed more viruses than others, for reasons unknown, but even these "super-spreaders" are frequently unable to infect the other volunteers. "In fact I wouldn't know how to start a flu epidemic," admits Dr A. S. Beare, the virologist who deals with influenza trials at Salisbury.

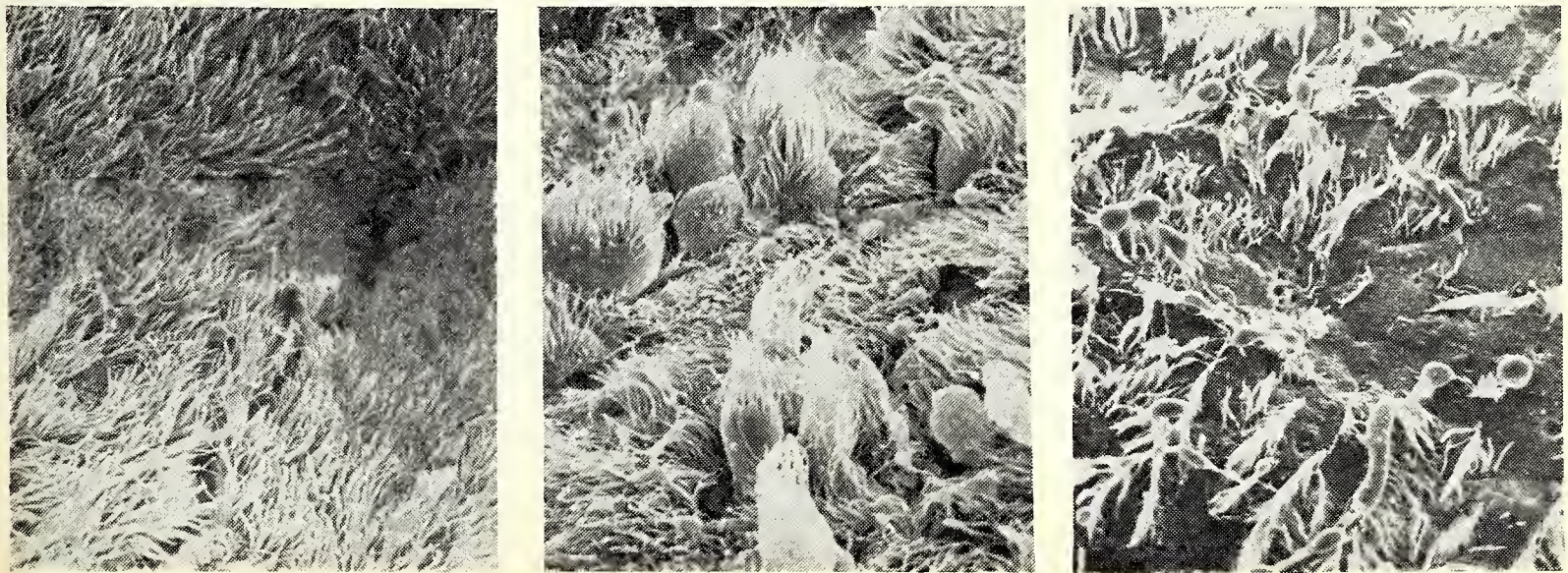
Dr Beare refers to influenza as the "ultimate challenge" in human epidemic diseases, because not only is its natural history obscure but no major epidemic has ever been halted by medical intervention, despite production of excellent vaccines. He believes influenza vaccination cannot reduce the incidence of the disease significantly without preliminary planning which involves reassessing the influenza situation every year, taking into account which viruses are circulating and the immunity of the population.

The influenza virus has two antigen components—haemagglutinin and neuraminidase—both of which can change. Major changes result in a completely new subtype to which the population has no resistance. This total replacement appears every 10 years or so and is responsible for large epidemics or pandemics. In the intervening years more moderate changes—antigenic drifts—occur.

Killed vaccines usually protect against the relevant strain for about a year, but

Continued on p630

Stages in the breakdown of bovine nasal mucosa by rhinoviruses. Left—normal cilia; centre—blobs of mucus collecting; right—cilia destroyed, with mucus unable to be cleared away





## COUGHS AND COLDS

*Continued from p629*

as the antigens of the current virus alter, so protection is reduced until it is finally abolished by a major subtype change, and vaccines incorporating two virus subtypes become necessary. The main problem is that at the time the demand for the new vaccine is greatest, the vaccine itself is least plentiful, so vaccination policies have usually concentrated on protecting the elderly and chronically sick rather than preventing spread of the disease. Live vaccines, which consist only of crude virus—infected allantoic fluid, have the advantage that they can be prepared in large amounts at short notice to provide for mass vaccination.

### Large scale vaccination

Dr Beare believes that those areas furthest away from where new influenza A subtypes appear can depend on six-nine months in which to prepare, test and use a live vaccine. Large scale vaccination with a live virus could then continue for about two to three years and, once antigenic drift sets in, selective use of killed vaccines could be re-introduced. Meanwhile constant surveys of protective antibodies in the population and careful analysis of epidemic viruses would improve the accuracy of forecasting.

Although this season's flu vaccines contain the influenza A New Jersey (swine) strain, Dr Beare is not sure yet how serious swine influenza will be, if it occurs at all. The outbreak earlier this year in America appeared in restricted circumstances at an army camp so the virus had a good opportunity to spread. However, many people were found to be carrying the virus yet were symptom free. In the UK older people may have resistance as a result of the 1918 epidemic. When given to volunteers at the Unit this year the swine influenza strain produced relatively mild symptoms. Last season's vaccines give no protection at all, but there is evidence that influenza A Victoria is still circulating in South Africa.

Workers at the Unit still find that the most suitable medium for growing influenza viruses is the allantoic cavity of embryonated hen's eggs, the eggs being specific pathogen-free ones obtained from specially-bred hens. One recently developed technique is that of recombination, in which a virulent strain is crossed with an avirulent strain so that the resulting virus protects against influenza but causes no symptoms. These new strains, particularly of influenza B, can be isolated by plaque formation in monolayer tissue cultures. Replication of a virus in the infected cell makes the cell lyse, releasing new viruses and producing a clear area or plaque in the monolayer from which the pure virus can be isolated. Using this technique cells can be inoculated with a virulent and an attenuated virus and the recombinant strain obtained from the plaque.

For all this work to continue a steady intake of volunteer helpers is necessary. Anyone interested, between 18 and 50 years old, should apply for details to the Common Cold Unit, Harvard Hospital, Coombe Road, Salisbury, Wilts.

# Flu prospects this winter

by Dr Tom Smith, medical director, Duphar Laboratories Ltd

The influenza virus has rarely been out of the medical, pharmaceutical or lay news since the beginning of this year. President Ford has ordered 200 million doses of vaccine for his countrymen. The Department of Health, in an unprecedented move, has ordered a stockpile of vaccine in preparation for an epidemic. Medical journals of international repute have published leading articles on its prevention and the quality Sunday and daily newspapers have followed suit.

The chief medical officer of health, Sir Henry Yellowlees, has brought forward the annual "influenza letter" to general practitioners by more than two months in an attempt to start vaccination before the epidemic season begins.

It is not difficult to find the reason for the surge of interest in flu. The identification of a "swine"-type variant in a small outbreak of influenza in Fort Dix, New Jersey, USA, in which one previously healthy young man died, led to the unavoidable decision to include it in vaccines this year. Unavoidable, because its last visitation to the human population was in 1918 when, as the "Spanish flu", it caused the deaths of more than 21 million people. It persisted in milder form until 1933, when it was replaced by the first of the viruses which, changing slightly decade by decade, were the agents of the more recent epidemics. Meanwhile, the "swine" variant continued annually to infect the American domestic pig and left humans strictly alone.

Deaths during influenza outbreaks in Britain are measured by the thousand.

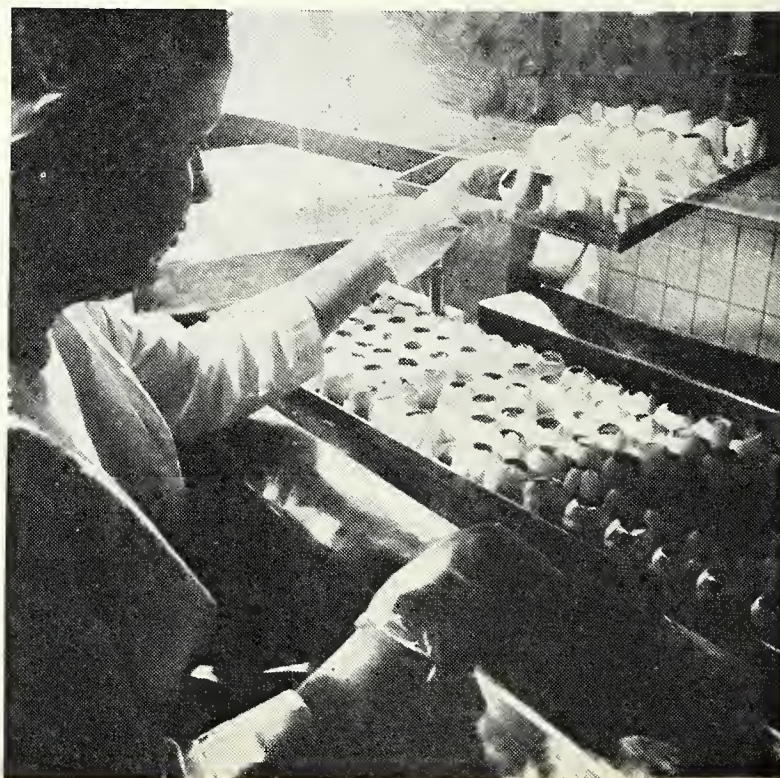
They are so commonplace that the Press rarely mention them if less than ten thousand die in any winter, a figure much higher than that from road accidents. In severe epidemic years, such as 1957 or 1969, they may well reach 50,000, and "hidden" deaths, registered as caused by other, chronic illness but precipitated by influenza, will double that number.

Since 1969, "drifts" in the A Hong Kong virus of 1969 have led to the A England epidemic of 1972, the A Port Chalmers of 1973, the A Scotland of 1974 and the A Victoria of this spring, when more than ten thousand died in three weeks. The B virus, which causes sporadic illness especially in boarding schools and closed communities, has its less severe but still debilitating effect.

Without the re-appearance of the "swine" variant, now called the A/New Jersey/8/76 (HSN<sub>1</sub>N<sub>1</sub>), it was expected that the A Victoria virus would continue to infect the population this winter. Indeed the Yellowlees letter, dated September 15, reminds doctors that "about 70 per cent of the population are still susceptible to this strain (the A/Victoria) so that if it again became established in the UK during the coming winter spread of infection would be likely to occur". All the outbreaks reported from the southern hemisphere during their winter this year are of the A Victoria type.

Faced with the probability of a second A Victoria outbreak, the possibility of an A New Jersey epidemic, and the inevitability of some B virus infections, the

*Continued on p632*



*Influenza vaccine manufacture. Quality control procedures being carried out as the allantoic fluid carrying the virus is removed from the egg in which it has been grown*



# NEW BENYLETS GO FOR A WIDER MARKET IN CHEMISTS

## Big OTC sales expected from new handy packs

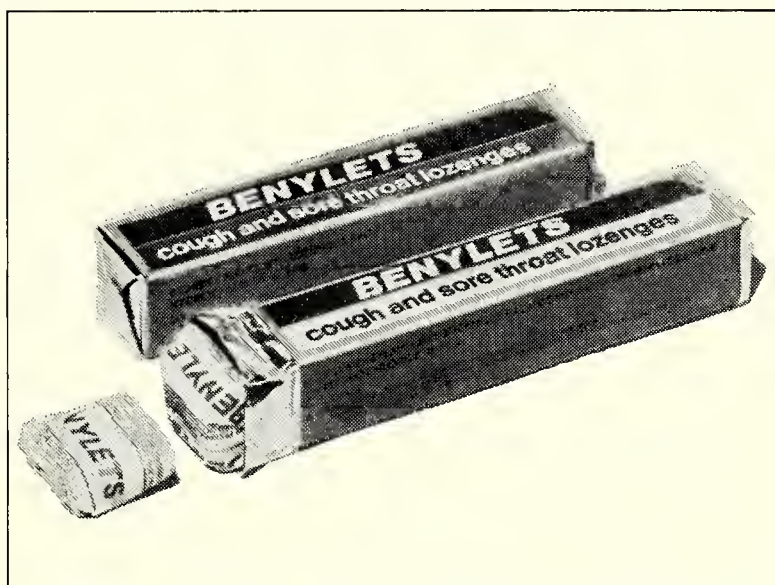
FROM this month Parke-Davis will re-package Benylets in handy nine-lozenge packs ideal for the pocket or handbag.

There will be two flavours – cherry and lemon – and each will be packed in colourful display boxes of 40 packs of one flavour.

### GENEROUS LAUNCH DISCOUNTS

TO ENCOURAGE the widest possible distribution before the launch advertising breaks (see below), chemists can profit from discounts available from Parke-Davis representatives, from wholesalers, or direct from Sales Order Control, Parke-Davis, Pontypool, Gwent. Telephone: 2468.

*New Benylets  
40-pack display box.*



### 90% Advertising Coverage

AT LEAST 9 out of every 10 adults will see New Benylets advertising, with an average frequency of over 12 times each during this very heavy campaign.

In addition, as a media test there will be extensive TV support in Scotland and Tyne-Tees in January and February to give even greater support in the peak selling period.

### Hard-Selling Awkward Moments Theme

ALL ADVERTISING will be on an appealing and humorous theme which highlights everybody's need to keep a handy pack of New Benylets in their pocket or handbag.

The theme shows many of the Awkward Moments in everybody's life when coughing could be specially embarrassing, and indicates Benylets as the effective answer.

### Displays and Sales Aids

A RANGE of selected display items will be available for all chemists to link up with the massive advertising for New Benylets. Designed for windows, shelves or counters, they all link strongly with the display outers in which all New Benylets are packed.

The range includes a show-card, a shelf-strip, and a price card – ask your Parke-Davis representative or contact Pontypool direct for supplies.

## HEAVY PRESS AND TV CAMPAIGNS TO BOOST NEW BENYLETS

STRONG national press and magazine advertising will give a very forceful launch to New Benylets. Twenty major publications will be used throughout the main cough remedy season, ranging from *TV Times*, *Radio Times*, *Sunday Mirror*, *Sunday*

*Express*, *Sunday People*, *News of the World*, *Daily Mirror* and *Sun* to general interest and women's magazines such as *New Reveille* and *Woman's Weekly*. A number of regional publications, such as the *Sunday Post*, are also included.



## COUGHS AND COLDS

# Flu this winter

Continued from p631

Government advisory group on influenza this summer recommended to the joint committee on vaccination and immunisation that all three viruses be included in all vaccines for the 1976-77 winter.

The joint committee accepted their recommendations and their advice on dosage. "It would be prudent", the group considered, for the vaccines to contain 400 international units of each of the two A strains and 360 iu B Hong Kong virus.

The group have gone further than ever before in their definition of patients who should be considered for vaccination. Those with chronic lung disease, including chronic bronchitis and emphysema, asthma, bronchiectasis, tuberculosis and fibrosis; those with chronic heart disease, chronic kidney disease—including those on immunosuppressive drugs—and diabetes are all specially mentioned. It is stressed, however, that the list is not comprehensive and other patients at risk may well be added.

The letter also recommends that doctors could "offer with advantage" vaccine to "schoolchildren over 8 years of age or elderly persons in residential establishments in which rapid spread is likely to follow the introduction of infection." It should also be offered to "doctors, nurses, ambulancemen and others at special risk of infection by reason of their contacts with persons suffering from influenza". This must include pharmacists!

### An epidemic?

Recognising that the experts, the authorities and the manufacturers have all decided to back two A virus horses, what is the real likelihood of an epidemic this winter?

No-one can be certain, even now. The A New Jersey has not been isolated since February, but that is no guarantee that it will not return this winter in the United States or even elsewhere. And if it does return, how will it behave? Will it emulate the catastrophic virus of 1918 or will it follow the pattern of the Port Chalmers or Scotland variant of recent years, causing few deaths and little serious illness? If the work of the Salisbury Common Cold Research Group under Dr A. S. Beare is any criterion, then it will cause only mild illness (see also MRC research report, p631).

Beare and his colleagues have given the live A New Jersey virus to healthy volunteers under strictly controlled conditions, with particular precautions to prevent any spread of the virus outside the volunteers' environment. The ensuing infections were relatively minor. Although this cannot be with certainty extrapolated to the general population under epidemic

conditions, it must offer some reassurance. The same reassurance cannot be given for the A Victoria strain. If it attacks, and that appears to be more likely at the moment, then its virulence can be expected to be of the same order as that in the serious epidemic of last February.

The people most at risk are the elderly. In his letter Sir Henry reminds doctors that over 70 per cent of deaths from flu occur in people over 65 years old. They may be susceptible even to viruses they have met before, perhaps because their immune mechanisms are failing. This year the young, too, may be at risk. According to American researchers, persons under 23 years old have no circulating antibody to the A New Jersey virus, and are therefore particularly at risk of infection. This may be of little import to the healthy youngster, whose illness may not be serious, but while he is infected he is the perfect vehicle for spread of the virus. Unwittingly a teenager is often the source of influenza in the family.

### Spread in schoolchildren

At an international symposium held in London last year, speakers from Japan and Rumania described the spread of epidemics in their countries by schoolchildren. As the Japanese students left their urban school areas for their homes in the country, they took the disease with them, and notifications of influenza deaths closely followed the staggered school holiday periods for each district. The Rumanians are so convinced that schoolchildren are the major focus of influenzal spread that they have made their vaccination the top priority. The British have not yet followed suit, except in boarding schools where the extra risk is obvious. It may be that the most cost-effective method of keeping the population relatively epidemic-free in the absence of mass vaccination will be to concentrate on schools.

While we are concentrating on protecting those who are most at risk of serious illness or death if they catch flu, the Americans have taken the huge step of attempting to vaccinate the entire population. It is an understandable decision, as the New Jersey strain did reappear in the United States, and the American swine population is still heavily infected. Pigs elsewhere, strangely, are not. The decision was not taken lightly, and not by lightweights in the field of medical research. Albert Sabin, of polio vaccine fame, was one of President Ford's advisers. They decided not to risk the possibility of being too late to protect the public. Now they risk, according to a *British Medical Journal* leading article, some loss of faith in vaccines if no epidemic occurs this winter in America. "The Americans", as the *BMJ* reports, "consider it better to risk money than health". Despite some misgivings, the writer concludes that "their vigour and determination are impressive, and they may be proved right."

The decision has created many problems for both manufacturers and health service personnel. Firms making vaccine to government specification have not been guaranteed support against possible litigation in the case of side-effects,



Range of Potter's pastilles now in Cekatainer cartons

a situation which could spell ruin for American companies. The vaccines produced by two manufacturers have been rejected by the controlling body, and Senator Kennedy has made it abundantly clear that he expects no profits to be made by companies from the extra vaccine produced. Prices will be kept at what seem impossibly low levels. The number of companies manufacturing influenza vaccine has dropped steeply in the past decade. More may well follow during the 1976-77 season. There seems no possibility of President Ford obtaining the 200 million doses he requires and the most optimistic expert would settle for half that amount; meanwhile the Americans are planning the mechanics of mass vaccination. Estimates of how many will finally volunteer for their injections vary widely, perhaps according to the politics of the estimator!

The two manufacturers producing vaccine for the British public are in a more stable position. Without the extra pressure of enormously increased production upon them, they have produced the recommended vaccine in the correct dose in quantity to satisfy the extra demand inevitably produced by the year's publicity. Vaccination should be undertaken from late September to mid-November to ensure maximum protection. This year a second vaccination not less than three weeks after the first, at the doctor's discretion, is suggested for persons at risk under 23 years old, to ensure complete protection against A New Jersey.

### Act soon

The decision to vaccinate is always the general practitioner's. The Department of Health does no more than advise. However, doctors wishing to act upon the advice should do so soon. It is no use waiting for stocks to run out before ordering and it is of little value to vaccinate in late December when an epidemic may be only days away. Whichever vaccine you choose to have in your refrigerator, it should be there now.

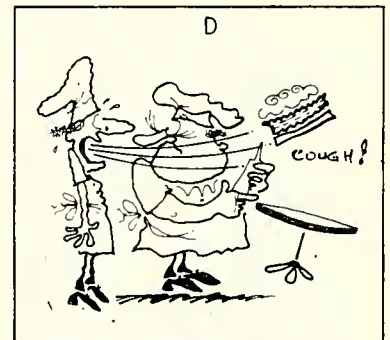
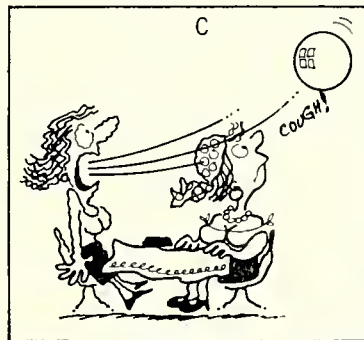
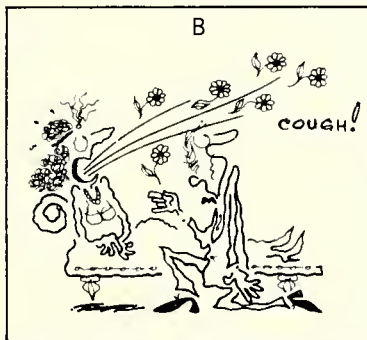
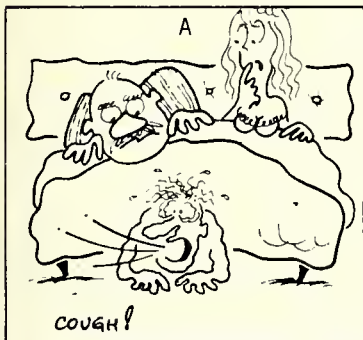
The very recent news that 38 have died following flu vaccination in the US should not be taken as a sign that the vaccine is likely to be lethal. The reports so far indicate that all deaths have been in the elderly or chronically ill whose deaths were expected. There is certainly nothing to indicate that the vaccine itself has precipitated them. No such reports have come from the UK, where already vaccination is in full swing.



NEW BENYLETS

# £1,000 worth of PRIZES TO BE WON IN THE New Benylets "Awkward moments" competition

First Prize, £250, Eight Regional Second Prizes of £50 each, and Fifty digital clocks (worth over £10 each) for runners-up.



Have you ever had one of those Awkward Moments when, just as something vitally important was about to happen, you burst into a fit of uncontrollable coughing?

Well, here's your chance to get your own back on fate by turning those 'Awkward Moments' into cash prizes.

How? Very simply by entering the Benylets 'Awkward Moments' competition.

## How to Enter

The four cartoons shown above all form part of the New Benylets advertising campaign. Each one illustrates a different 'Awkward Moment' situation, and each one will shortly be appearing in one of the newspapers or magazines listed on the entry form below.

All you have to do is decide which advertisement is most appropriate for which newspaper or magazine. For example, if you think that advertisement A is appropriate for She magazine then simply enter letter A against She on the entry form.

Complete all four answers and then write an amusing caption for advertisement A. Enter your own name and the name and address of the retail chemist outlet where you work on the entry form and mail it to New Benylets Awkward Moments Competition, 22 Bruton Place, London W1X 7AB, to arrive not later than 30th November 1976.

Prizes will be awarded to contestants who, in the opinion of the judges, provide the correct answers to the four questions and the most original and appropriate caption for advertisement A.

The first prize is £250 in cash; there are eight second prizes of £50 (one to each Parke-Davis sales region) and there are also fifty runners-up prizes of superb digital clocks each worth over £10.

So you've got a pretty good chance of winning. BUT prizes will only be awarded to contestants at outlets which have purchased Benylets and have the product on display when a representative calls to nominate the winners.

So good luck and here's hoping you make the most of those 'Awkward Moments'!

## NEW BENYLETS COMPETITION ENTRY FORM

Send to 'Benylets Awkward Moments Competition' 22 Bruton Place, London W1X 7AB, to arrive not later than 30th November 1976.

Open only to proprietors, managers and shop assistants of retail chemist outlets throughout Great Britain which have purchased New Benylets lozenges and have them on display. For full list of competition rules send S.A.E. to above address.

1. Enter the code letter of the advertisement cartoon which you think is most appropriate for each separate newspaper/magazine listed below – using a different code letter for each separate answer:

News of the World ☐ She ☐ The Sun ☐ New Reveille ☐

2. Now, in your own words, use your skill and judgement to create an amusing and appropriate caption for advertisement A. This caption must not be more than nine words and must contain the word 'Benylets'.

My caption for cartoon A is: \_\_\_\_\_

\_\_\_\_\_

Please enter below – in BLOCK CAPITALS – your own name and the name and address of the retail chemist where you work. Then please sign the entry form to indicate that you realise that prizes can only be awarded at outlets which still have Benylets on display when the prize winners are nominated.

Name \_\_\_\_\_

Name and address of chemist outlet \_\_\_\_\_

Signature of competitor \_\_\_\_\_



## COUGHS AND COLDS

# The big time is coming ... or is it?

by A. F. L. Deeson, MA, PhD, DSc

"To say that we are praying for a bad winter would be both unkind and untrue," says the marketing director of one well-known firm making cough mixtures, "but it is a fact that the last two mild winters have not been exactly bright for us and there is no doubt that our market is very much subject to fluctuations in weather conditions and the incidence of flu epidemics."

This remark, which seems to reflect the general consensus of opinion among manufacturers of cold and cough remedies, is in one respect curious because more and more doctors say that we catch the common cold and that cold, getting wet and even damp clothes do not have anything to do with our succumbing. But the fact remains that colds are far more prevalent during the winter months and are more likely to produce after-effects such as coughs and catarrh.

### Incidence of colds

During the winter of 1974 49 per cent of adults suffered from at least one cold or a bout of influenza—48 per cent of men and 50 per cent of women; 29 per cent (27 per cent men and 30 per cent women) had a cough or sore throat. And these figures are thought to be lower than average because of the mildness of the winter.

In the coming months, whatever the weather, there is bound to be a rise in demand for cough and cold remedies, traditionally peaking later than one might think—usually in March—and it is sensible to be not only prepared but to take full advantage of what is a fact of life.

### Strong position

In spite of the inroads into the market by the supermarkets the pharmacist is in a strong position: some remedies can be bought only through him; many people want advice when they are purchasing and they are certainly not going to get this from the competition; lastly, while the chemist must watch his stock position carefully he can stock a wider range of remedies and is in a better position to judge trends. The breadth of the market, comprising analgesics, cough mixtures, throat pastilles, lozenges, medicated sweets, decongestants, vapour rubs, nasal sprays and inhalants tends to defeat non-specialist outlets, although here as elsewhere there are lessons to be learned from their marketing techniques. While some customers appreciate advice many others in these days of mass-media advertising know just what

they want and self-selection displays for appropriate products can provide a considerable boost to sales.

### Analgesics

According to Mintel, about 25 per cent of the total analgesics manufactured are designed as specific cold remedies and Beecham believe that over 30 per cent are used for cold treatment with the uptake for this purpose nearly 45 per cent in the winter months. This segment of the market was last year worth about £4 million *rsp* and in June 1975 Mintel gave the product leaders as:

Beecham powders 41 per cent, Lemsip 29 per cent, Beecham powders and hot lemon 14 per cent, Beecham powders in tablet form 9 per cent, while others accounted for 7 per cent.

Despite the introduction of hot lemon remedies (which have been a big growth area) and now the "night elixirs" such as Night Nurse and Medinite (for which an even greater demand is predicted this winter), Beecham powders remain the most widely taken cold remedy on the British market. No less than 90 million doses are consumed every year, nearly twice as much as the nearest competitor, and this winter Beecham powders will have £360,000 of television and Press support to maintain popularity.

### Night elixirs

Night elixirs are not included in Mintel's figures quoted above but Beecham say that in the winter of 1975/76 they brought an extra £1 million of sales to independent chemists and by the end of the winter £0.30 out of every £1 spent on cold remedies was for a night elixir. This winter they are expected to be at least half as big again as the hot lemon remedies. To support their share of this market Beecham are putting the biggest ever support to any of their proprietary medicines: £500,000 of television advertising. Beecham powders and hot lemon will not be ignored, however, and will receive £200,000 of television support, which started last month. Last winter Beecham claim this product increased its market share of the hot lemon cold market to 40 per cent of chemists' sales.

### Cough mixtures

Last year Mintel gave liquid cough mixtures an *rsp* value of £11-£12 million but 60 per cent is bought on prescription; Beecham put the figure around £2 million

through independent chemists, which puts the potential in a more realistic perspective.

While Benlyn expectorant is the overall brand leader, Veno's has now overtaken Famel as the leading brand in proprietary cough medicines, with Hill's, Liqufruta and Buttercup coming next in line. National brand shares are shown below but there are still strong regional favourites—Galloways and Buttercup, for example, which modify this picture: Veno's 16 per cent, Famel 15 per cent, Hill's 9.8 per cent, Liqufruta 9.4 per cent, Buttercup 8.6 per cent.

These are Beecham's latest figures; in June 1975 Mintel gave Galloways, Owbridges and Pulmo Bailly 5 per cent each and, demonstrating fragmentation and the regional character of some products, 30 per cent to other brands.

### Dramatic increase

Veno's has shown a dramatic increase over the years—from 10 per cent five years ago to its present brand leadership of 16 per cent. The split of business between Veno's original and Veno's honey lemon has stabilised at 55:45, making Veno's the most popular honey-lemon flavoured cough-preparation on the market. Over the past few years Veno's has had more advertising support than all its competitors put together and a further £200,000 will be spent on television advertising this winter.

Optrex's Famel products will be supported this winter with a promotional budget of £80,000 to include Panets baby syrup and Famel children's linctus, in addition to Famel syrup and the honey and lemon linctus. Point of sale support includes window stickers, shelf strips, pack crownings and a counter unit.

LR/Sanitas, who say that about 65 per cent of cough medicines are sold between October and February, claim total market leadership through Liqufruta, Buttercup and Galloways with a combined 20 per cent share—perhaps more.

Galloways' products are strongest in London and the south, while the Buttercup brands are LR/Sanitas' biggest seller in the north. Television advertising this winter will be over £120,000 and will support these trends, although Liqufruta will be advertised nationally.

The Wallace range is an example of selectively distributed cough remedies. It includes Paranorm, the paediatric cough syrup, Noradran bronchial syrup, Bepro cough syrup and Hitali expectorant.

*Continued on p637*



# Beecham Bulletin

BEECHAM PROPRIETARIES BRENTFORD MIDDX

**BEECHAM  
HOME MEDICINES  
The Business  
Builders**

Beechams Powders • Veno's • Night Nurse

## NOW—THREE BEECHAM LEADERS

Night-Nurse, having shot ahead last winter and maintained its lead throughout the torrid summer, already shows signs of moving even further forward this winter.

Which means that, among winter remedies, Beecham now have three brand leaders and, in terms of support, are giving each the biggest boost ever, as well as providing extra backing for Mac Lozenges.

### £500,000 TV

September saw Night-Nurse start its £500,000 TV campaign with powerful branding commercials that are bound to increase still further the remarkable 70% awareness of the brand.

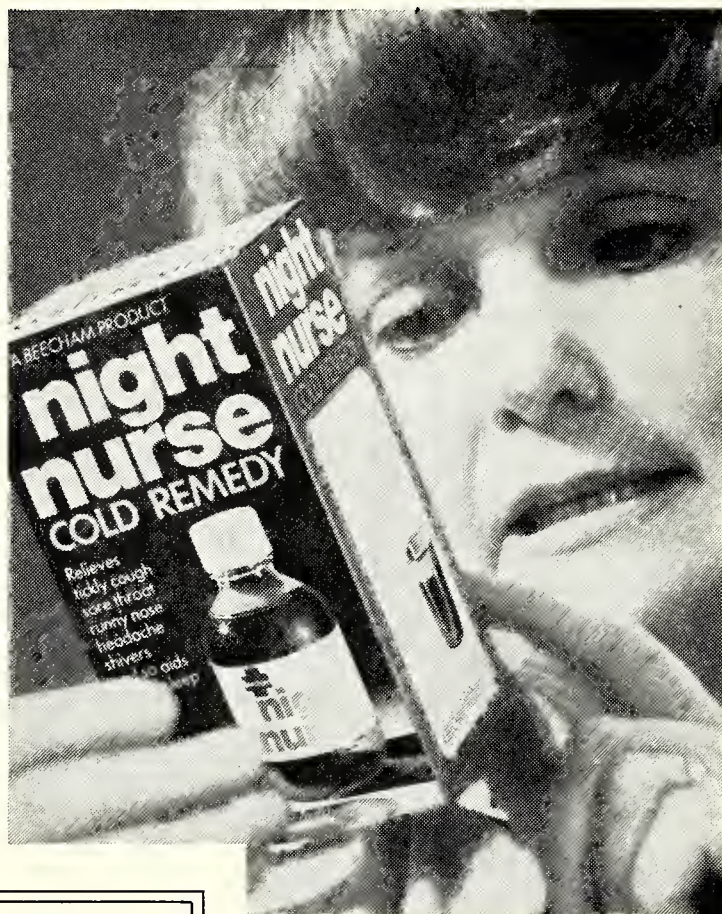
### BEECHAMS POWDERS

For this top-seller there's renewed winter-long support, both press and TV. And Beechams Hot Lemon, fastest grower in its market, again has its own TV campaign already running.

### VENO'S

This brand leader, too, will appear nationally on TV, with a new and appealing commercial for Original Formula and Honey & Lemon.

Clearly, for Veno's, as for Beechams Powders and Night-Nurse, this is the winter to carry extra stocks. And this is the time to check them.



## Winter brands – see 'n' sell display

OF special interest to all chemists is the new self-service unit which has been ingeniously designed for either counter or gondola.

Bringing together Beecham winter remedies which sell literally on sight and have a proven reputation as profit makers, it contains both the new Mac chemist-only cartons, Honey-Lem as well as Medicated.

The medicines safety symbol is given prominence, a fact which will be appreciated by pharmacists, all of whom can obtain this valuable dispenser from Beecham Representatives.

## OVERNIGHT SUCCESS AGAIN

THE sales-winning personality who helped send Night-Nurse to the top last year appears again in this winter's commercials. Distinctive and strong on sell and branding, they have, since September, contributed towards making the brand the best remembered, most preferred night-time cold remedy.



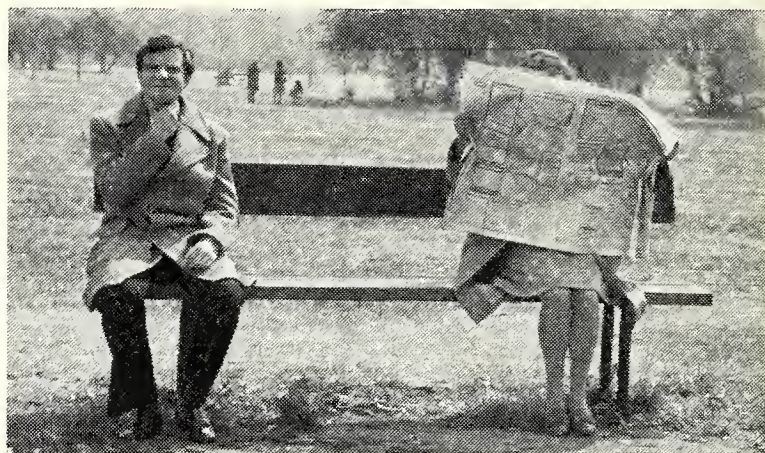
# TV stars shine again

**MAC AND VENO'S**, two brands that have made their names on TV, are all set to continue their star selling performance this winter.

Featured in the bright new Mac commercial is the famous voice of film star Bernard Cribbins. For Veno's, also with a brand new commercial, family life is given a novel twist that's full of mother-appeal and hard-sell.

## NEW LOOK

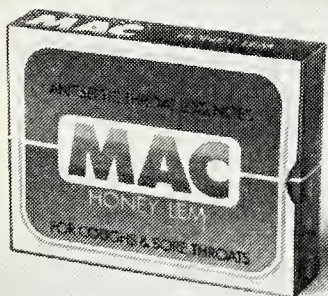
Redesigned Mac packs now include a special Honey-Lem carton for chemists only. Both Veno's packs retain their trusted identity but have a bright new design to freshen their look – and your sales.



Friendliness is the TV theme for Mac. For Veno's it's the proven success "Veno's for all the family".



## THE NEW PACKS



## Profit EXTRA

### PHENSIC – NEW PACK, NEW SALES

Packs modern as they come, powerful TV commercials . . . both combine to ensure still further increase in sales of "the powerful answer to pain".

### ANOTHER WINTER WINNER

Fynnon Calcium Aspirin, best seller for rheumatic relief, will again appear in whole page advertisements in leading national daily and Sunday newspapers.

### STOP PRESS

Diocalm – Eno – both getting big winter newspaper campaigns to boost seasonal sales rises.

## Outstanding

... that's the word for the new Night-Nurse display and dispenser which both catches the customer's eye and keeps packs ready to hand, where retailers want them.



**BEECHAM HOME MEDICINES – the Business Builders**



## COUGHS AND COLDS

### The big time?

*Continued from p634*

Ayrton Saunders (Liverpool) products are another and include bronchial emulsion, Beehive balsam, lemon juice-glycerine-honey and child's cough syrup.

#### Lozenges and medicated sweets

Mintel suggest between £6½ and £7½ million at rsp for this sector although two thirds of these products are sold outside pharmacies. Richard Hudnut, who claim the brand leadership for Hall's Mentho-lyptus on a packet-weight basis in both chemists' and CTN outlets, view the market rather differently. While the Cocoa, Chocolate and Confectionery Alliance claimed £20 million at rsp for medicated confectionery in 1975 the company believes £15 million would have been nearer the mark, with growth prospects to £17 million this year. They suggest that the market for medicated sweets (as opposed to throat pastilles and lozenges) is very much underdeveloped in pharmacy outlets and to them is worth only

£1.5 million, major brands in chemists being Hall's Mentho-lyptus, Macs, Fisher-man's Friend and Vicks.

Mentho-lyptus, available in five flavours, seems to command the heaviest advertising support and in the coming winter campaign £200,000 will be spent on television advertising. Richard Hudnut traditionally offer bonuses to both wholesale and retail pharmacies for autumn buying and these are again available this year. The medicated sweets market is not as seasonal as many people might believe, however, and the split is said to be 60 per cent autumn/winter and 40 per cent spring/summer.

LR/Sanitas go along with Mintel on the size of this market. Liqufruta pastilles have been re-packed and re-designed and a new introduction from the company this season are Galloways medicated sweets in two flavours (original and honey and lemon), intended to complement Buttercup medicated sweets.

The market for proprietary throat lozenges/pastilles (as part of the total medicated confectionery market) is said to be about £1 million with TCP as the big brand at 23 per cent and Mac and all Vick brands at around 15 per cent each.

Traditionally, Mac throat lozenges are strong in the midlands and south. Last year television advertising was undertaken in the Granada and Trident areas for the first time for many years, resulting in significant sales increases. As a consequence a new series of commer-

cials will be screened in these areas this year to strengthen the trend still further.

Vapex antiseptic pastilles appear to be gaining a good deal of ground, while Evans throat pastilles and Castellan No 10 pastilles (Ayrton Saunders) are two examples of regionally strong products.

#### Decongestants

In the late sixties there were high hopes with some of the products in this sector but somehow they have never fulfilled their early promise and they have not enjoyed the growth that has been awarded to the hot lemon analgesics and which seems to be in prospect for the night elixir products. Contac 400, Procol, Coldrex, and Mucron are, however, all important names in this £2 million sector of the market and it is one which no chemist can afford to ignore.

#### Vapour rubs and nasal sprays

This sector has held-up pretty well against competition from the previous generation of decongestants that came on the market a decade ago; whether they will do so against the night elixir products remains to be seen.

In total, this segment of the market is probably worth around £3 million at rsp, with about two thirds going to vapour rubs and inhalers and the remainder to nasal sprays. In the former area Vick is the brand leader with Vapex (Thomas Kerfoot) of growing importance.

## New Benylets to go on television

New Benylets are to appear on regional television soon after Christmas.

Although the main Press campaign will give complete national coverage, Parke-Davis also wanted to test the selling power of television as soon as possible for future campaigns. The test will start in two or three chosen regions. While marketing considerations suggested that the most suitable areas would be Scotland and Tyne Tees, negotiations are being held with a number of television contractors at the moment.

The commercials, in cartoon form, follow the Press theme of the "awkward moments" that an untimely cough can

cause. One shows the Olympic torch-bearer who, having run successfully over hills and rooftops, is reduced to shame when he coughs out the light just before igniting the flame. The other cartoon shows a concert pianist who coughs his music all over the floor.

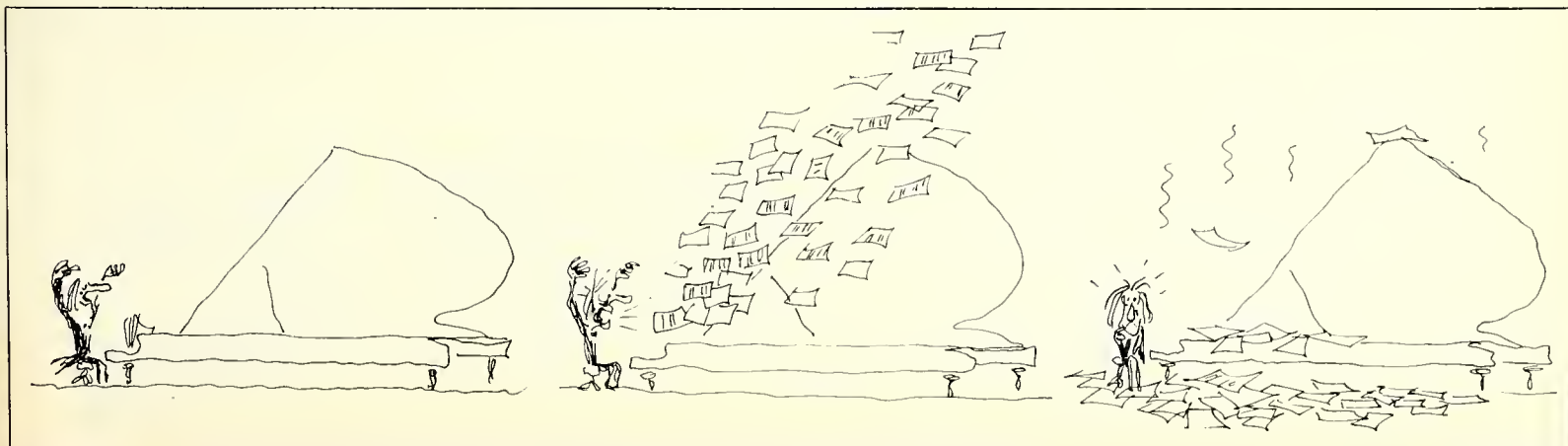
Commenting on the presentation of new Benylets, Mr Peter Madge, marketing director, told C&D that the company had been in touch with the Pharmaceutical Society following the Council meeting in October, when concern was expressed over the sweet-type packaging. Parke-Davis made the point that they considered the packaging adequate and the

Committee on Safety of Medicines had raised no objections. This type of packaging had been introduced to cut costs, Mr Madge added.

#### Brand leader

Benylin expectorant, the brand leader in the cough linctus market through pharmacies, continues to increase its market share and is now further ahead of the competition than ever before, claim Parke-Davis & Co, Usk Road, Pontypool, Gwent NP4 8YH. And Benylin paediatric has moved into number two position. Multi-level bonuses are available through representatives until the end of November.

*One of the "awkward moments" cartoons to be screened after Christmas*





Win the holiday of a lifetime  
in Magnificent Mexico

# Merocets

LOZENGES

## HOLIDAY COMPETITION



### OPEN TO YOU AND YOUR ASSISTANTS

The fabulous Merocets Holiday competition is open to chemists and their assistants. One free entry form is available from your Merrell representative or direct, and subsequent entry forms are available for every outer of a dozen packets of Merocets ordered on bonus.

#### Answer four questions and state why you recommend Merocets.

All you have to do is answer four questions and state why you recommend Merocets for sore throats, and you could win any one of these superb prizes!

#### 1<sup>ST</sup> Holiday for two in Mexico worth £2000

This must be the holiday of your dreams! You'll be staying in the paradise of Acapulco and in historic Mexico City. At both centres accommodation will be in fully air-conditioned hotels. And on top of this we'll give you £40 a day spending money!

Full details available from your Merrell representative or

**Merrell**

Merrell Division, Richardson-Merrell Limited, 20 Queensmere, Slough, Berks SL1 1YY.

#### 2<sup>ND</sup> Easter in Paris for two worth £500

Spring-time in Paris! The holiday to suit everyone. A week over Easter at a first-class hotel in the heart of Paris. Plus £40 a day spending money!

#### 3<sup>RD</sup> Sony Music Centre worth £250

The Sony HMK40 music centre is one of the finest stereo systems available. Superb turntable with stereo AM/FM tuner and amplifier, together with a cassette tape deck and matching speakers.

#### 50 prizes worth £5 each for the runners-up

There are 50 additional prizes of £5 worth of Premium Bonds.

## ENTER NOW!

CLOSING DATE  
JANUARY 31st, 1977





## COUGHS AND COLDS

# The case for sore throat remedies

Sore throat remedies have recently come in for some criticism, largely because many are not active against the colds and flu viruses often believed responsible. The March *Which?* report advised: "It's unlikely that anything you take will cure the soreness". Mild infections would clear up by themselves in a few days and severe infections needed medical advice.

Yet sufferers appear to find real benefit, returning time and again to trusted products, and last year spent some £5m in pharmacies on throat lozenges, two-thirds of which was on unadvertised prescription/OTC preparations. Beecham believe that the much larger turnover reported for medicated confectionery, with advertising at a confectionery rather than a proprietary medicinal level, may have attracted criticism of the value of sore throat lozenges as a whole.

The most obvious useful function of these preparations is their demulcent action, but here it can be argued that gargling with warm water should give as much relief as an antiseptic.

### Infection

The question of infection is more complex. Napp Laboratories Ltd claim that Betadine gargle and mouthwash has antiviral as well as antibacterial activity. Richardson Merrell, who make no claims other than antibacterial action for Merocet mouthwash and Merocets lozenges, recommend the use of these products during the common cold to prevent secondary bacterial infection in the sinuses. The virus leaves mucous membranes particularly susceptible to attack from streptococci, for example. While it is widely believed that sore throats appear at the start of a cold, an unpublished survey of common cold symptoms, carried out by the company, has shown a high incidence of sore throats on the third and fourth days of a cold, caused by secondary bacterial infection.

Beecham put forward a similar case: "The mucous membranes of the mouth and pharynx contain many resident and transient micro-organisms. Some of these may become pathogenic if translocated, disturbed or if predisposing factors are present. There is some evidence—in an area where evidence is not easy to obtain—that over 50 per cent of swabs taken from patients with acute throat infection fail to grow pathogenic organisms. The majority of those showing such organisms tend to reveal group A beta—haemolytic streptococci. While it is clinically difficult to distinguish between virus and streptococcal infections, the exudate associated with the latter does seem to be a cause of throat irritation and pain."

"Nevertheless, such causative indications can only be isolated in some 25 per cent of sore throat cases, perhaps as high as 35 per cent in the case of children's sore throats."

"It has also been found that symptoms such as headache, feverishness and malaise developed more rapidly and occurred more often among sore throat sufferers who developed streptococcus antibodies. Such sufferers tended to produce larger amounts of exudate, causing or exacerbating throat soreness."

### Consumer awareness

Beecham go on to say that research over the past two winters has shown that consumers are aware of the differences between medicated confectionery and the prescription/OTC lozenges. They are also able to differentiate between the type of sore throat, eg one caused by smoking too much, that needs a mild demulcent action and one which needs more serious attention, and Beecham feel there is little evidence that sufferers are using these preparations unwisely.

Efficacy may be as much, or more, psychological than "phar-

maceutically physical" they conclude, if the customer prefers the continuous soothing effect of a throat lozenge to gargling with water, and providing the relief is obtained without harm or the continued masking of a more serious complaint, then these preparations can only be beneficial.

### Pastilles promotion

Promotion for Potter's catarrh pastilles this winter is majoring on the wisdom of letting a cold take its course—bed rest, aspirin, plenty of liquid, and the pastilles to minimise catarrh symptoms. Potter & Clarke Ltd, 44a The Green, Warlingham, Surrey, are advertising until December in the *Daily Mail*, *Sun*, *Daily Telegraph*, *Daily Express*, and *Scottish Daily Record*.

### Bonus on lozenges

Vocalzone pastilles are being advertised in *Reader's Digest* and women's magazines by Thos Guest & Co Ltd, Carruthers Street, Ancoats, Manchester M4 7HX. A bonus of 13 as 12 on 36 is offered. There are also bonuses of 13 as 12 on 144 Sure Shield antibiotic and quatorial throat lozenges. Sure Shield lozenges are being advertised nationally on television throughout the coming winter.

## Fisherman's Friend Clear Ahead~ in sales and strength

Fisherman's Friend lozenges are still made to the original extra strong formula.

Extra strength means extra relief, so there's nothing like Fisherman's Friend for clearing the head and soothing the throat.

That's why Fisherman's Friend is fast becoming Britain's strongest-selling lozenge... the one you must have on display.

(Also available - Fisherman's Friend Linctus and Rubbing Ointment)

WE'LL BE ON TV AGAIN THIS WINTER

LOFTHOUSE'S

Original Fisherman's Friend  
EXTRA STRONG  
Throat & Chest Lozenges

LOFTHOUSE CHEMICAL PRODUCTS LTD.

Available in attractive display outlets (20 packets) from

LOFTHOUSE CHEMICAL PRODUCTS, FLEETWOOD, LANCs. Tel: Fleetwood 2435



# Four things the British public will be switching to this winter



## Galloway's

Great new commercial, appearing in London, Southern and Anglia. Illustrates the long tradition behind this South of England brand leader – and introduces the new Big G medicated sweets, a great new profit maker for you.



## Liqufruta

The good-natured cough remedy

## Liqufruta

Consumer sales up 28% nationally on last year – thanks to this very persuasive commercial stressing the natural herbal ingredients in Liqufruta, now being reshown in a big nationwide campaign.



## Ralgex

Something to expand the market for the country's fastest growing analgesic pain reliever – a vivid new commercial showing different causes of strain and demonstrating the application. To be shown nationally.



## Buttercup

The brand leader in the North of England. It's now all set to consolidate its proven sales record with a new TV campaign in Lancashire, Tyne Tees, Yorkshire, Midlands and, for the first time, Scotland.

We're spending more than ever on TV advertising for these important brands – to add real impetus to your sales growth. Now make the most of this big advertising support. Order now.

# LR+SANITAS

LR/Sanitas Ltd, Sanitas House, Stockwell Green, London SW9 9JJ.  
Order Office: 01-274 2076.



## COUGHS AND COLDS

### What consumers think about coughs

Research has just been completed by Taylor Nelson and Associates into consumer attitudes to coughs and their treatment. This work was commissioned by Bengue and Co Ltd, manufacturers of Pulmo Bailly, to see how the consumer classified his cough, the type of product he looked for and how important the retail pharmacist was as adviser.

"Coughing" was clearly defined by the consumer as being either the "ticklish" variety—expected to respond to pleasant tasting syrups—or the "serious", "rattly" and persistent type that called for stronger remedies. Pulmo Bailly was considered as falling into this latter group and presented an image of being adult, strong and "medical". Results of the previous year's research were confirmed in that this was the type of cough for which the consumer frequently sought the pharmacist's advice. A visit to the doctor, while strongly recommended to those with a persistent cough, sometimes presented a problem—as one consumer stated, "taking the morning off and messing about". The research, therefore, showed the pharmacist to be a first line consultant for consumers when dealing with a troublesome cough. Consumers were also found to be relatively loyal to their chosen brand.

As a result of these findings, a completely new approach is being taken for Pulmo Bailly for the winter of 1976. As well as regular advertising in women's magazines, a test campaign will take place on Radio City, Liverpool, during November. The theme of all campaigns will be directed towards adults with heavy coughs.

### Monitoring of colds

Careful monitoring of the incidence of colds and flu throughout the UK will determine where television advertising for Anadin appears. As colds and flu increase in any area two 30-second commercials will be screened.

International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET, say there will be more than 280 Anadin advertisements appearing in newspapers and magazines—*Daily Express*, *Daily Mail*, *Daily Mirror*, *Sun*, *Daily Telegraph*, *News of the World*, *Sunday Mirror*, *Sunday People*, *Sunday Express*, *Irish News*, *Belfast Newsletter*, *Daily Record*, *Belfast Sunday News*, *Birmingham Sunday Mercury*, *Newcastle Sunday Sun*, *Sunday Mail*, *Belfast Telegraph*, *Sunday Post* plus over 30 general interest and women's publications.

A total of 330 commercials will be transmitted on local radio stations including Forth, Swansea, Piccadilly, Downtown and Capital Radio.

Dristan tablets are on bonus of up to 10 per cent during November and December, depending on the amount purchased. A Press campaign advertises the tablets on a "catarrh platform". The company say that unit sales for the tablets are 13 per cent up on last year and Dristan nasal mist sales have increased by 19 per cent.

### Promotion to doctors

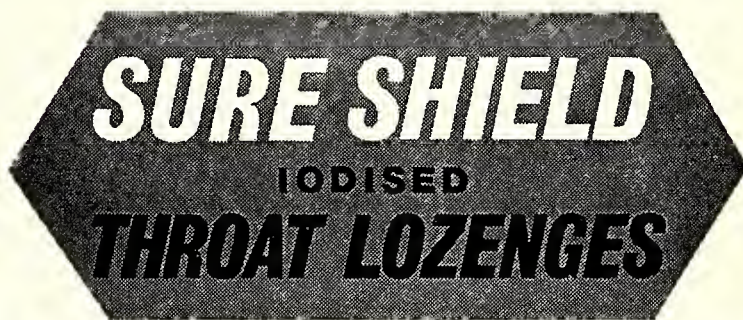
Mailing to doctors and advertising in medical journals are taking place this autumn in support of Copholco cough syrup and Copholcoids pastilles.

Wade Pharmaceuticals Ltd, Stepfield, Witham, Essex CM8 3AG, are offering direct buying terms on the 100ml size Copholco—12 as 9 on minimum 72 or 12 as 10 on minimum 36—and on Copholcoids 24 as 22. Pharmacists can combine either or both of these products with any other item manufactured or distributed by Wade Pharmaceuticals or their parent company Radiol Chemicals Ltd, and can earn an extra 12½ per cent on £50 orders or 10 per cent on £25 orders. Some wholesalers are also offering their own special terms.

## The original



**act  
like a gargle**



**Thos. Guest & Co. Ltd.**  
Carruthers Street, Manchester M4 7HX  
Telephone: 061 205 2975



# A GOOD DEAL BETTER



The sore throat season is back again, so more and more of your customers will be looking to you for an effective answer.

Our cards are on the table – make sure you pick up a winning hand.

'Tyrozets' Bonus Offer is now on!

## Tyrozets<sup>®</sup>

a 'pharmacy only' product

Each 'Tyrozets' lozenge contains 1 mg tyrothricin and 5 mg benzocaine BP. Detailed information is available on request. 'Tyrozets' are indicated in minor mouth and throat irritations. ® denotes registered trademark.



Merck Sharp & Dohme Limited, Hoddessdon, Hertfordshire, EN11 9BU



## COUGHS AND COLDS

### Pharmacists' award scheme planned

Pharmacists' "professional knowledge and training" is needed for the Contac 400 award scheme which starts after Christmas. A mailing from Menley & James Laboratories, division of Smith, Kline & French Laboratories Ltd, Welwyn Garden City, Herts, will give details of how to win £100, £10, or £1 in cash, or £5 worth of free goods. All pharmacists will be eligible to win an award providing they answer three "pharmaceutically orientated" questions correctly, display Contac 400 prominently and are called on by the award supervisor who is to make 1,500 visits.

A bonus through wholesalers is currently offered on standard packs. A pre-pack for small pharmacies of 36 Contac 6s and six Contac 12s is also being introduced.

The product will be appearing on television again this winter with its "highest ever spend". The national campaign, which will run from December to February, will feature the 1975 "12 hour handkerchief" commercial which resulted in the highest increase in sales for 10 years.

Menley & James say that last winter oral decongestant tablets and capsules sales increased by 8 per cent in unit terms with Contac 400 sales up 31 per cent.

### Lozenges on television

Fisherman's Friend lozenges are being advertised throughout the winter on television and in the Press by Lofthouse Chemical Products Ltd, Copse Road Industrial Estate, Copse Road, Fleetwood, Lancs FY7 7LP.

### Also on bonus

Merck Sharp & Dohme Ltd, Hoddesdon, Herts. Tyrozets, bonus of 180 on 576 vials, 84 on 288 vials, 36 on 144, 12 on 72, by direct order. Until January 1977.

Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH. Actifed syrup, Medicaire and Parahypon. Details from company representatives.

Hill's Pharmaceuticals Ltd, Talbot Street, Briercliffe, Burnley, Lancs BB10 2JY. Direct orders of 12 dozen (minimum 12 of any single Hill's balsam product) qualifies for 10 per cent discount, until January 31.

May & Baker Ltd, Dagenham, Essex. Tixylix, Phenergan elixir and Phenergan compound linctus 125ml—minimum 50 of either one or all three products in outers of 10, are charged as 45. Available through representatives until December 3.

Boots Co Ltd, Thane Road, Nottingham NG2 3AA. Strepsils 14 as 12 through wholesalers with additional 1 per 12 ordered from representatives if counter unit displayed; Karvol 14 as 12 on six to 11 dozen, 15 as 12 on 12 dozen and over; Fenox drops and spray 14 as 12. Through wholesalers until November 27.

### 'Brain' seen in 'Jaws'

Lem-sip is being advertised on the London cinema circuit for the first time this autumn. The 45 second "brain" advertisement, seen on television last winter, is among the advertisements at cinema showings of "Jaws".

"This is the first time Lem-sip has ever been advertised in cinemas", said Mr Paul Stott, Reckitt & Colman pharmaceutical division, group product manager. "We wanted to capitalise on the high audiences that have been flocking to see 'Jaws' this autumn." The advertisement is also being featured on all television regions throughout the cold season. The total Lem-sip advertising budget for 1977 will be an "all time high", using television and other national media.

Film-wrapping and display trays have been introduced for Lem-sip. The standard five sachet carton is packed in



## Pulmo Bailly: it even tastes like it's doing some good.

Pulmo Bailly is not like other cough remedies.

For a start, its formulation is so strong that it needs to be diluted with water.

It's a Part 1 medicine so it can only be sold through chemists and cannot be displayed within easy reach of customers.

Finally, Pulmo Bailly has a really strong taste. Children won't take to the flavour. For that matter, neither will many adults.

Despite all these disadvantages, thousands of people take Pulmo Bailly for their cough.

Perhaps they think that anything that tastes so bad must be doing them good.

Pulmo Bailly's medically-approved formula contains Codeine to soothe the cough reflex from the brain and Guaiacol to loosen phlegm.

So stock and recommend Pulmo Bailly.

It's the adult remedy for the adult cough.



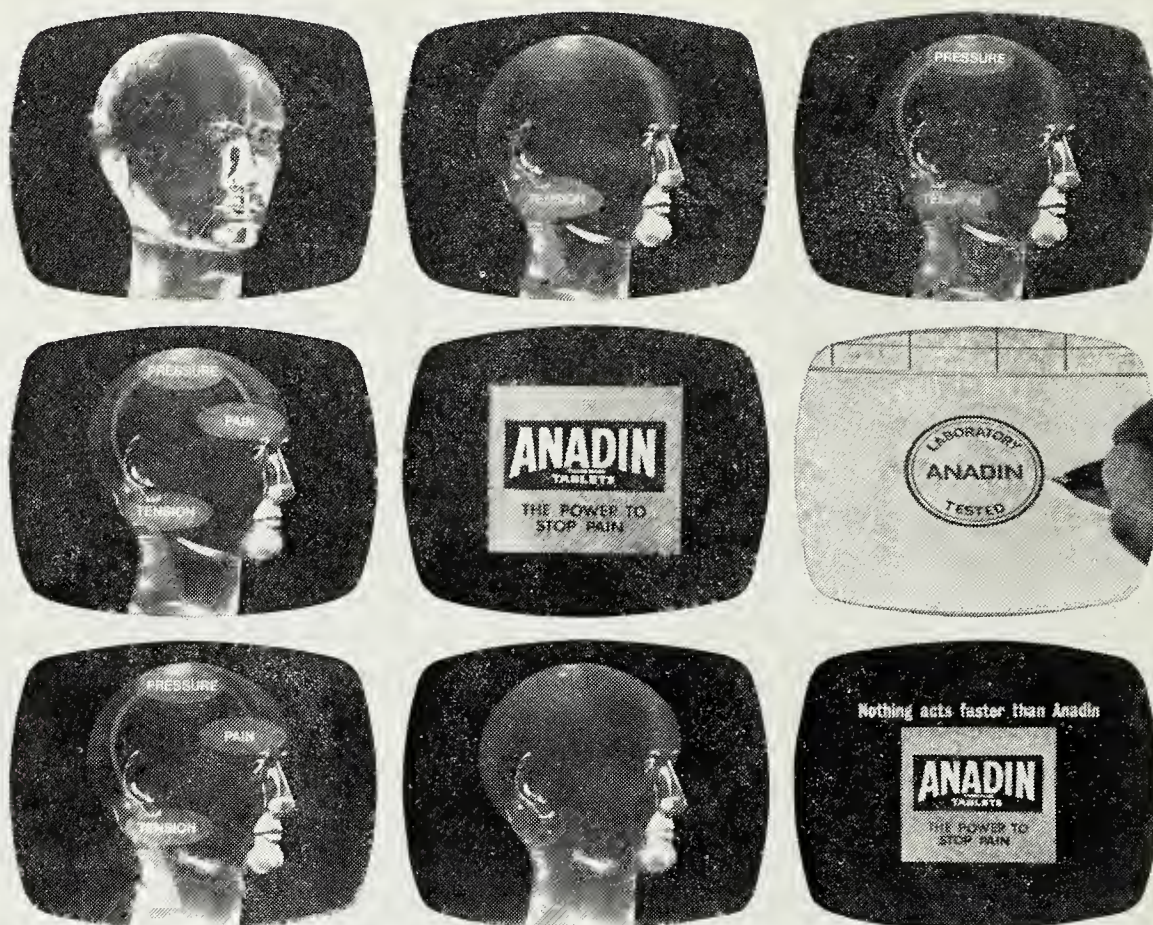
## Pulmo Bailly

The adult remedy for the heavy cough.

Bengue & Co. Ltd., St. Ives House, Maidenhead.

Continued on p645





# **No.1**

## **ANADIN\***

**Outsells, Outspends Every Other  
U.K. Proprietary Analgesic**

**Stock & Display Anadin This Winter**  
**No.1 Profit Maker**



\*Trade Mark



## COUGHS AND COLDS

### Product review

Continued from p643

outers of two one dozen trays, both doubling the capacity of the previous outers. The trays slot straight on to the shelf, displaying the packs in the correct position and making it easier for the customer to see the products while saving storage space.

New display trays and film wrapping have also been introduced for Disprin. The flat eight pack is being replaced by a carton containing two foils of four tablets. Trays each contain 12 packs, film wrapped in pairs. The remaining sizes will be repacked in a similar way, early in 1977.

Reckitt & Colman pharmaceutical divi-

sion, Dansom Lane, Hull HU8 7DS, will have spent over £600,000 on advertising Disprin this year. Next year the budget level for television advertising will be the highest ever when the television extension of the "common sense cures" campaign nears its peak. The campaign, a follow-up to the consumer Press campaign, will consist of a 30 second commercial to be televised nationally from November through the winter showing the value of fresh air and exercise as a remedy for a headache.

### Galloways addition

Display outers for Galloways medicated sweets (£0.20) are available from LR/Sanitas Ltd, Sanitas House, Stockwell Green, London SW9 9JJ. There are two varieties—original, and honey and lemon, containing honey 1 per cent, honey flavouring 0.24 per cent, lemon oil 0.68 per cent, menthol 0.15 per cent, eucalyptus oil 0.15 per cent.

□ National television advertising for Aspro Clear, from Nicholas Laboratories Ltd, 225 Bath Road, Slough, Bucks, began this week.

Irish Pharmaceutical Congress

## Drugs and the foetus

### Should iodide cough mixtures be given in pregnancy?

Many cough medicines containing large quantities of iodides should bear a warning that they are unsuitable for use in pregnancy. That view was expressed by Dr Patrick Deasy, lecturer at the College of Pharmacy, Dublin, in a review of problems associated with pre- and post-natal drug therapy.

Dr Deasy said that in a recent survey reported from Edinburgh, Forfar found that, excluding iron, drugs were prescribed for 82 per cent of women during pregnancy with an average of four drugs each; 65 per cent also took other drugs as self medication. A survey in America with similar results showed that one in 25 women received ten or more drugs in pregnancy, and the use of drugs was often orientated to maternal demands.

"The results are surprising, particularly because as a result of the thalidomide tragedy in the early sixties, a great deal of attention has been focussed recently on the problem of taking drugs in pregnancy. Patients are often alarmed by what they have seen on television or read in the Press and the pharmacist has a valuable role to play in allaying anxieties and in giving informed advice to medical colleagues."

#### Most vulnerable times

Dr Deasy pointed out that the foetus is most vulnerable to adverse drug effects during the first three months of pregnancy, as most major organs are formed during that period. Important exceptions included the genital system, the teeth and the central nervous system, which continued to mature and which were more likely to be

affected by drug therapy in later pregnancy. "As a general rule no drug should be taken in the first trimester unless there are clear cut clinical indications." Unfortunately many drugs were often unintentionally consumed in early pregnancy before the woman realised that she was pregnant.

After four months, problems of drugs crossing the placental barrier and entering the foetal circulation arose—the concept of a placental barrier to drugs was now generally regarded as a myth. The concentration of drug, when uncomplicated by protein binding, in the foetal circulation usually equalised quickly with that in the mother's circulation. However, the clearance of drugs from the foetus could be delayed, due primarily to the poorly-developed hepatic and renal functions of the foetus.

#### Potential hazards

Dr Deasy then went on to list some potential drug hazards, including:

*Digitalis.* Spontaneous labour about a week earlier than in the non-digitalised patient; shorter labour; infant body weight lower.

*Coumarin derivatives.* Enter the foetal circulation—foetal and infant haemorrhages reported. Indications for use must be good—better to change to heparin (which does not pass the placental barrier) in last four weeks. Breast feeding contraindicated.

*Tetracycline.* Reversible depression of bone growth. Permanent-tooth staining when given later in pregnancy. Contraindicated in pregnancy, lactation and in children up to seven years.

*Chloramphenicol.* High doses late in pregnancy may produce grey-baby syndrome—poor feeding pattern, abdominal distention, shallow respiration—usually fatal in first two days.

*Aminoglycoside antibiotics* (eg streptomycin). Ototoxic, possibly nephrotoxic; use only for specific severe infections.

*Novobiocin.* Displaces bilirubin, giving rise to jaundice, particularly if close to term.

*Sulphonamides.* Also compete with bilirubin but risk negligible except in last month.

*Trimethoprim.* Found teratogenic in rats, therefore not regarded as safe to use in pregnancy.

*Nitrofurantoin.* Neonatal haemorrhage; preferably avoid.

*Nalidixic acid.* Cerebral disturbances and skin rashes in infant. Avoid in first trimester and infants under one month.

*Chloroquine.* Foetal retinal damage after high dosage.

*Benzodiazepines.* Enter breast milk and cross placenta. Diazepam been associated with cleft palate and cleft lip—low incidence but best avoided in first trimester.

*Meprobamate.* Possible association with oral clefts.

*Barbiturates.* Cross placenta and enter breast milk; readily absorbed but poorly excreted by infants, resulting in severe depression and withdrawal symptoms.

*Lithium carbonate.* Crosses placenta and enters breast milk. Can alter foetal electrolyte balance and may cause congenital effects. Avoid unless indications unequivocal; breast feeding contraindicated.

*Anticonvulsants.* Present the prescriber with "Hobson's choice". Phenobarbitone, phenytoin and primidone cross placenta and major malformations occur at twice the expected frequency, though some may result from epilepsy.

*Oral hypoglycaemics.* Chlorpropamide and tolbutamide may be teratogenic; avoid or use only in low dosage.

*Thyroid drugs.* Iodine and iodides cross placenta and enter breast milk—goitre and respiratory depression may result. Some proprietary cough medicines contain large quantities of iodides and should therefore be avoided.

*Thiouracils.* Use in smallest possible doses. *Cytotoxic drugs.* Likely to cause foetal abnormalities, particularly in first three months. Methotrexate contraindicated for psoriasis.

*Antacids, antiemetics and laxatives* used in treatment of morning sickness and constipation in pregnancy. Fortunately no serious adverse effects reported, except from phenothiazines in high dosage.

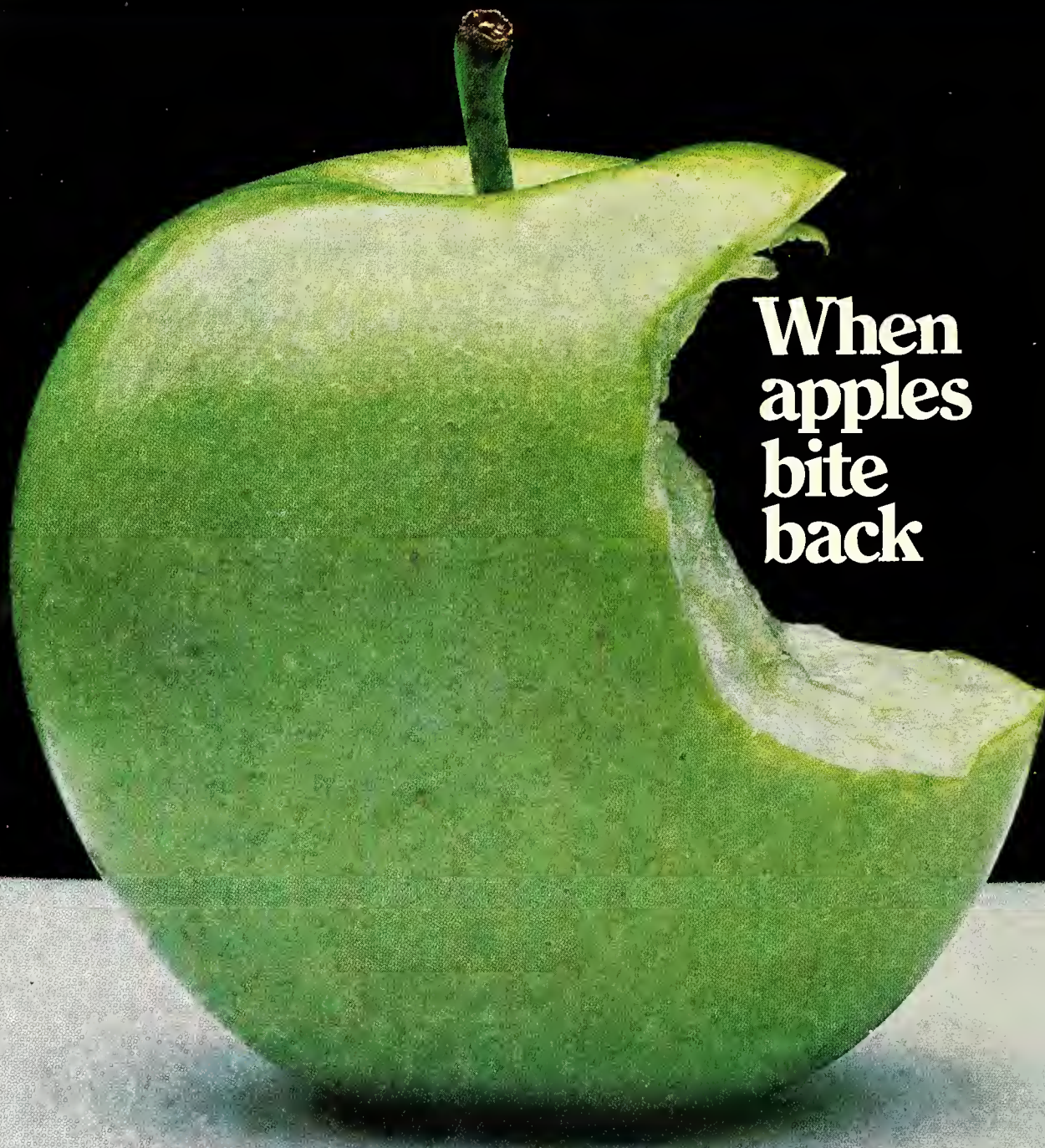
*Stilboestrol.* Carcinoma of the vagina in female offspring in late teens; avoid in early pregnancy.

*Iron preparations.* In first 56 days of pregnancy possibly associated with an increase in congenital abnormalities.

*Salicylates.* Increased incidence of anaemia, ante- and post-natal haemorrhage, prolonged gestation, complicated deliveries and perinatal morbidity from their regular consumption.

In conclusion, Dr Deasy listed some of the drugs causing problems during lactation: sex hormones (particularly oestrogens); ergotamine (diarrhoea, vomiting, unstable blood pressure); pyridoxine (possible lactation depression therefore avoid multivitamins).





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# Professional News

Pharmaceutical Society of Northern Ireland

## Joint Society-UCA move to revive local branches?

The Ulster Chemists Association has proposed a plan to the Pharmaceutical Society of Northern Ireland to revive interest in the local branches.

The proposals, discussed at the Society's Council last month, include the holding of meetings at selected centres and having representatives of the Council, the UCA and the Pharmaceutical Contractors Committee present to answer questions; that would permit a wider variety of subjects to be discussed and perhaps induce larger attendances. The Council agreed that in view of the change in the Society's officers the matter should be left for the meantime.

Mr J. Chambers, who had been elected president earlier (last week, p585), said that during his year of office he hoped to do all he could to create more interest at branch level. He thought that five or six topics for discussion might be submitted to each branch and he would be glad to attend at least one meeting in each district. In the spring it should be possible to arrange a meeting at which some representatives from each branch could attend to submit their conclusions.

After Mr Chambers' election, the outgoing president, Mr T. G. Eakin, said he was confident he would be an excellent president and be ably assisted by his competent vice-president, Mrs Catherine O'Rourke. Mr G. E. McIlhagger had held the office of treasurer on a number of occasions and in these days of financial difficulties the Council could not have made a better choice. Mr Chambers presented Mr Eakin with the past-presidential badge and said he would find it difficult to follow one who had filled the office with such distinction. He greatly appreciated the honour conferred upon him and would carry out his duties to the best of his ability. A number of members congratulated Mr Eakin on his services to the Council during a particularly busy year which had included the Society's Golden Jubilee celebrations.

### New committees

The following committees were appointed:  
*Education:* Mrs O'Rourke (chairman), Miss M. J. Watson, Professor P. F. D'Arcy, Professor R. Grigg and Messrs Chambers, Eakin, W. T. Hunter, J. Kerr, R. J. G. McDonald and McIlhagger.

*Ethical:* R. G. Dillon (chairman), Mr Chambers, Mrs O'Rourke and Messrs W. J. Bolon, J. A. Brown, J. A. Crawford, J. H. Galbraith, W. T. Hunter, S. Moore and M. V. A. Napier.

*Finance:* G. E. McIlhagger (chairman), Mrs O'Rourke, Mr Chambers, Miss Watson, and Messrs R. S. Adair, Bolon, Brown, Dillon, Eakin, Napier and J. D. Pollock.

*House:* G. M. Armstrong (chairman), Mrs O'Rourke, Mr Chambers and Messrs J. A.

Crawford, Eakin, Galbraith, R. J. G. McDonald, McIlhagger, Moore and Pollock.

*Law:* W. T. Hunter (chairman), Mrs O'Rourke, Mr Chambers, Mrs Watson, Professor D'Arcy and Messrs Armstrong, Brown, Galbraith, Kerr and McDonald.

*Public relations:* Mr Eakin (chairman), Mrs O'Rourke, Mr Chambers, Mrs Watson, Professor D'Arcy and Messrs Armstrong, Dillon, McIlhagger, Moore and T. I. O'Rourke.

*General purposes:* Mr Chambers, Mrs O'Rourke and Messrs Armstrong, Bolon, Dillon, Eakin, Hunter, Kerr and McIlhagger.

*EEC:* Mr Kerr (chairman), Mrs O'Rourke, Mr Chambers, Mrs Watson and Professor D'Arcy and Messrs McIlhagger and O'Rourke.

It was agreed to hold a meeting of representatives of the Council and of the Contractors Committee on October 28 to discuss a paper on the pharmaceutical service in Northern Ireland.

Attention was drawn to four lectures to be given in the Medical Biology Centre, Lisburn Road, Belfast 9, as part of the post-qualification education and training programme. The lectures are as follows:

November 16: Diseases of the cardiovascular system—Dr H. Baird.

November 23: Diseases of the respiratory system—Professor W. G. Irwin.

November 30: Diseases of the gastrointestinal tract—Dr P. Reilly.

December 7: Skin diseases—Dr A. G. McKnight.

### CPA meeting

Mr Kerr submitted a written report on the meeting of the European Region of the Commonwealth Pharmaceutical Association held in Gibraltar on September 25. The morning session was concerned with the reports of the last Council meeting and the recent meeting of the Executive in Sri Lanka. In the course of the morning matters relating to membership, education, finance and legislation were discussed. The president, Mr A. Howells, thanked Mr Guillem, Gibraltar, for the excellent arrangements for the meeting and for the hospitality provided. Mr Howells also complimented the Pharmaceutical Society of Gibraltar on the progress made in obtaining a measure of limitation and in having the pharmacist established as the person who must hold at least 51 per cent of the shares in all pharmacies in future. The afternoon session took the form of a symposium when representatives of the four countries gave brief accounts of the problems facing pharmacists in their countries. The lively and interesting discussion was attended by all the local, including the hospital, pharmacists; the medical profession and the civil service

were also represented. Reports of meetings of the Finance Committee and the United Kingdom EEC Group were also received.

Mr Eakin, Mr Chambers and Mr and Mrs O'Rourke and Mr McIlhagger reported on the meeting of the Irish Pharmaceutical Congress held in Killarney the previous week. All had thoroughly enjoyed themselves and tributes were paid to those responsible for arranging the social programme and the various meetings.

Mr Kerr raised the matter of financial assistance for pharmacists who accepted students for practical training. He said the education subcommittee of the Central Pharmaceutical Advisory Committee had discussed the proposal being made in Great Britain and he wondered whether it was being taken up in Northern Ireland. It was agreed that the secretary would write to the Department of Health to ask if a similar scheme was being introduced in the Province.

## NI health centre plans after 1977 outlined

The Northern Ireland Pharmaceutical Contractors Committee have recently received a summary of health centre development in the province beyond 1977, the date up to which developments were reported in the Central Services Agency's annual report 1975 (September 25, p365).

The summary, from the Department of Health, shows the position at July 1976 when some 53 centres were in operation and 296 doctors practised from them. A further nine were under construction, with room for 100 doctors to practise, and all but one of these are expected to be in operation by the end of 1977. In addition seven more centres for 45 doctors were in an advanced planning stage, six were for later consideration in the development programme, and there were 24 other known projects.

The future developments according to the health board areas are given as follows in the summary:

*Northern:* Under construction: Carrickfergus, completion due May 1977. Remainder in programme: Cushendall. Other projects: Ballymena No 2; Portrush; Portstewart; Draperstown; Magherafelt.

*Eastern:* Under construction: Andersonstown August 1976; Malvern Street January 1977; Cherryvalley September 1976; Skegoniel Avenue March 1977; Lisburn March 1978; Hollywood Arches December 1977. Advanced planning: Dunluce Avenue; Donaghadee; Twinbrook. Remainder in programme: Hillsborough; Moira; Portaferry; Crossgar. Other projects: Carryduff; Duncarn Gardens; Dunville Park; Lower Newtownards Road; Lower Oremau Road; Shaftesbury Square; Bangor No 2; Mount Oriel; Newtownards; Dundonald; Hollywood; St Judes Avenue; Dunmurray.

*Western:* Under construction: Enniskillen July 1977; Shantallow May 1977. Advanced planning: Gt James Street; Strabane. Other projects: Derrygonnelly; Bridge Street, Londonderry.

*Southern:* Advanced planning: Gilford; Tandragee. Remainder in programme: Keady. Other projects: Coalisland; Five-mile-town; Lurgan; Dungannon.



# 'Defend degree in pharmacy against attack'

Pharmacists should be prepared to defend the need for a degree in pharmacy, possibly against strong attack. That warning was given at the annual prize-giving ceremony recently of the pharmacy department of Queen's University, Belfast, by Professor P. Froggatt, the university's vice-chancellor.

Professor Froggatt traced the history of the relationship between medicine and pharmacy, and pointed out that the relationship between physician as prescriber and apothecary as compounder, was one of "master and servant". That could be seen from the old pharmacopoeias which claimed to be rules and standards for apothecaries but which were entirely the work of physicians, which might explain their shortcomings; "foul and useless" preparations were expected to be stocked by apothecaries, and uselessness was also carried into compounding complexities. "Had the apothecary been a partner and not a servant the list would doubtless have been trimmed . . . on practical grounds."

Professor Froggatt continued: "When what we patronisingly call in medicine the 'para-medical' gained status, the first impact was certainly on the practical side. Some doctors see this as the ideal relationship: not complete master and servant but not far from it, though with an advisory built-in servo-mechanism where upward advice can influence downward instruction. Nurses, radiographers, physiotherapists, and chemists would all be so included. Many doctors consider degree courses for these groups—including yourselves—to be at best unnecessary, at worst dangerous: a mere academic prop to professional, economic, and social levelling."

## Course content and objectives

It seemed to him that since the battle for graduate entry had been won—"or the pass sold as some would say"—careful thought should be given to the objectives of the course and the content of the syllabus, as Professor P. F. d'Arcy and his staff and the Pharmaceutical Society did. "Do you need to be an educated physiologist to dispense a drug; do you need to be a trained administrator to run a shop; do you need a primary and an MSc degree to equip you for the hospital pharmaceutical service; could you not fall between two stools, lacking the professional competence as a qualified doctor yet lacking also the sheer entrepreneurial skills of the successful shop-keeper? . . . To generalise the argument—should 'practical vocationalists' be educated to degree level? Might not discontent result from education and training above the level the job requires?" Professor Froggatt then gave

his warning that pharmacists should be prepared to defend the thesis that degrees for pharmacists were a good thing, adding he had no doubt what the answer was, neither had Professor D'Arcy or the audience: "But then not everyone is so enlightened."

In Northern Ireland the health service is big business and costs about £140m a year. Some £16m in 1975 was paid to chemists and appliance suppliers for dispensing within the service, and a further £4m was required for the hospital pharmacy services—£20m in all or about 15 per cent of total costs. Allowing for inflation the drug bill had probably increased by about 30 per cent over the past 10 years in real terms: "I like to think that this is not a bad reflection on doctors who are pressurised and seduced into prescribing more and more of dearer and dearer drugs." The only index which had remained relatively stable was the frequency of prescriptions, with seven per head of population, but it is now rising.

Professor Froggatt traced the changes in public and professional attitudes to medicines over recent years. However, one matter was submerged: most of the "side-effect" drugs are only available on doctors' prescription. The doctors' knowledge and the determinants of doctors' prescribing required study as did safety precautions undertaken before a drug is marketed. "The law on safety precautions has been tightened up, but the determinants of doctors' prescribing got scant attention, and they still do."

## Superior training

Should the pharmacist be able to refer back to the doctor a prescription of a drug and suggest another on grounds other than dosage, he asked. "Surely his superior training nowadays must equip him to play a more active role than mere dispenser and compounder at the doctor's whim; this could challenge the conventional relationships with doctors. What role should he play in drug trials in industry? . . . How best can pharmacists be used in programme planning or health teams? How many pharmacists do we need and how best should they be distributed? What about Europe? These and many other questions demand answers. In short, it's an exciting time to be a pharmacist."

Mr T. G. Eakin, retiring president, Pharmaceutical Society of Northern Ireland, presented the prizes and addressed the meeting. A large majority of pharmacists are in general practice and are well accustomed to the problems of commerce, supply and demand; it was with that in mind that he warned against accommodating an upsurge of applicants into the pharmacy course. An overflow of the required volume would dilute the product and such a policy would, in the long term, be "destructive and obstructive" for both the University and the profession. However, he had confidence in the present system which was controlling the student intake to pharmacy in Northern Ireland.

The prime objective of pharmacy, said Mr Eakin, was to provide a physical distribution of medicines to the public, and in addition the profession also served the public by assisting the medical and allied professions in health care. In the end, pharmacy had to provide a standard of



Mr Jim Hunter, retiring after 21 years service with the Kimberly-Clark salesforce in Northern Ireland, receives a wine decanter and a set of Waterford Crystal glasses from Mr Jim Hollins, director and general manager, Kimberly-Clark's consumer division. Mr Hunter, from Lisburn, Co Antrim, is a well-known figure in the Ulster grocery and chemist trade and spent all his years with the company in Northern Ireland—for the first 12 years as the sole Kimberly-Clark sales representative in the Province

knowledge equal to that of other consultant groups; that embraced a wide spectrum including, for example, correlating and assimilating drug information and, as a practical contribution, making this knowledge available at consultant level. It was only the broad base of pharmacy that could propagate such a consultancy service he suggested and, in that respect, the educational programme for pharmacy had to incorporate the requirements of all aspects at all levels of pharmacy.

During his review of the year, Professor P. F. d'Arcy, the department's head, announced that the planning stage of the new pharmacy building was almost complete, and the building should be started in mid 1977. Some 23 students had graduated, one with a first class honours; two graduates—Miss R. M. Deehan and Mr J. McElroy—had returned to commence PhD research in pharmacology, and a 1966 graduate, Mr D. Hannon, had returned to read for an MSc in pharmacology. A lecturer in pharmaceutical chemistry, Mr A. D. Woolfson, had been awarded a PhD.

Research papers and communications had continued to flow from the department; four papers and one science demonstration had been presented at the British Pharmaceutical Conference at St Andrews, and he and Dr J. A. King had presented a communication to the FIP Congress at Warsaw. The department had also been active in the organisation of postgraduate symposia and lecture programmes for doctors, pharmacists, nurses and midwives in Ulster and other UK regions. He acknowledged the great impact produced by the symposium on alcoholism in society organised by the Society of Pharmacy Students; the students were planning a related symposium on smoking to be held during the Hilary term in 1977.

Professor D'Arcy concluded by saying he was greatly looking forward to attending the first reunion dinner of former graduates of the department being held on November 25.





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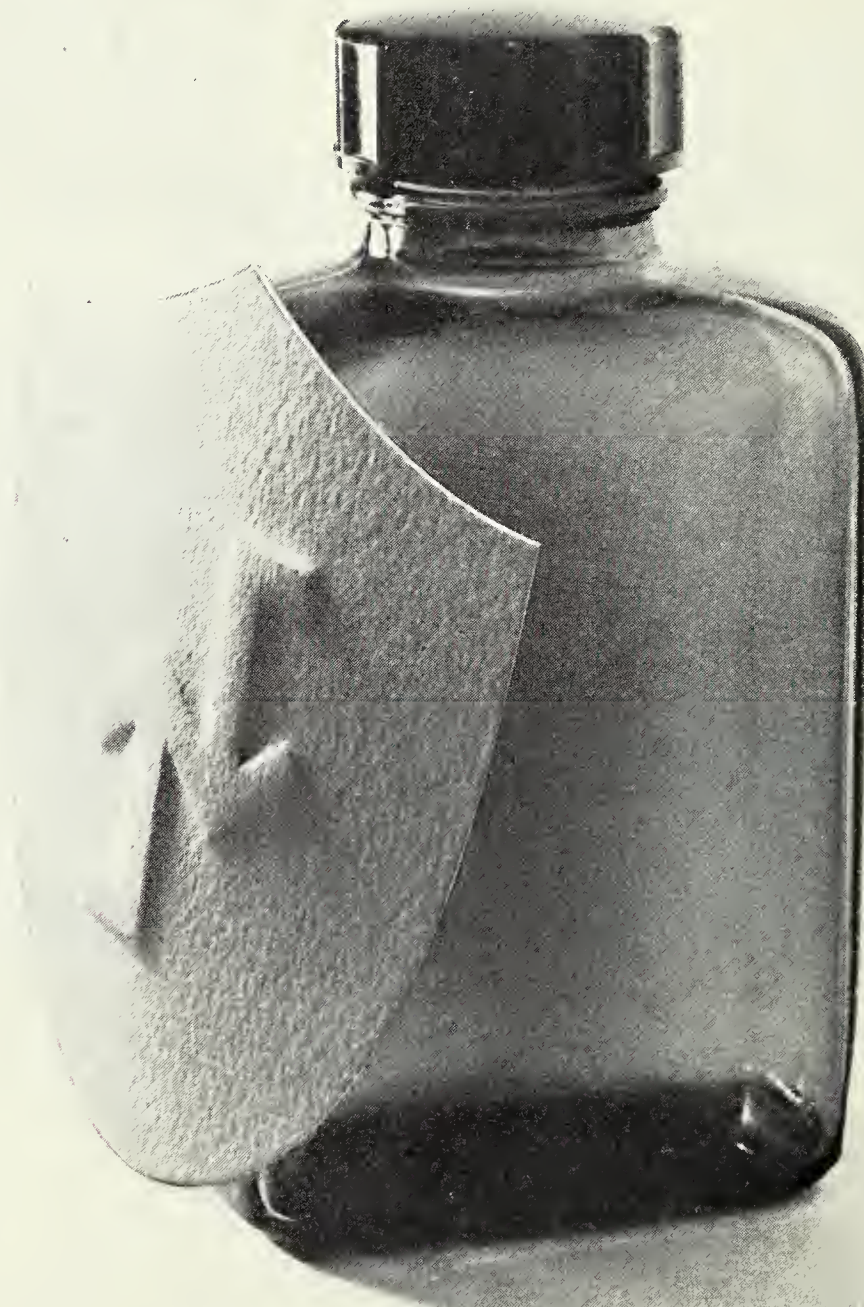
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# Shopfitting round-up

## New electronic registers

Sweda International, 27 Goswell Road, London EC1M 7AL, have extended their range of electronic cash registers by the introduction of two high-efficiency, fast-operating, electronic stand-alone registers—the SWEDA 250 and 350. Designed to ensure reliable, smooth and quiet performance, both units afford, at electronic speed, full and accurate information with automatic balancing. At their lower cost, they are claimed to provide more features and better capabilities than have hitherto been available. The Sweda 250 provides three separate analysis totals, and the 350 offers six.

While both models have similar basic specifications, the 350 offers a choice of either rear-mounted or side-mounted illuminated customer display panel. It also has a document overprinting facility and is equipped with a decimal point key to permit the easy multiplication of decimal quantities. On both registers the 11 key calculator style keyboard is fully "buffered" to allow entries to be keyed as fast as the operator is able. The keyboard layout with its two-key rollover facility is designed for maximum speed coupled with minimum operator fatigue.

### Illuminated display

Illuminated display panels clearly show transaction details for the benefit of both cashier and customer, each digit being displayed as soon as it is entered, allowing keyboard errors to be seen immediately and corrections made by means of the clear key. Both the new registers are fitted with a fast (2.4 lines per second) two-station printer which avoids the need for the no-carbon paper rolls used by single station printers. The cost of a large number of identical items can be calculated quickly by the use of the multiplication key, and the time-consuming item-by-item

entry of identical articles is eliminated by the repeat facility. After the first entry has been made, depression of the appropriate department key, as many times as required, will repeat the entry automatically.

When all the items of a sale have been registered, depression of the subtotal key displays the amount owing by the customer. After tender, any change due is automatically calculated and displayed. In addition to the sales analysis totals, the registers maintain separate totals and item counters for cash transactions, for cheque or credit transactions and for voided items. At the end of the day or whenever necessary, the use of the manager's personal key will produce a detailed printed report of all transactions showing the activity in each department. The non-resettable grand total, made up of eight digits in conjunction with a four digit overflow counter, provides maximum operational security. Memories are protected by nickel cadmium rechargeable batteries, and there is no loss of data in the event of mains power failure.

## 'Total security' claim

Crime and fire currently account for losses exceeding £1,000m in industry and commerce in the UK, and this figure is constantly rising. No official statistics are available for the retail sector alone, but reliable estimates put the figure at about £500m. Crime prevention and security measures are thus of ever-growing importance, not least in small businesses.

All aspects of security in industry, the distributive trades, etc, are covered by Group 4 Total Security Ltd, the UK member of Securitas International which is claimed to be the world's largest security organisation. Securitas is of Swedish origin and now has subsidiaries in most west European countries as well as Australia, Iran and Japan. The UK company with about 16,000 clients has a turn-

over of some £16m, about 10 per cent of the group total.

It comprises three closely linked operating divisions dealing with guarding services (including beat and static watching, cash carrying and store detectives), alarm installations (including entry and exit control equipment), and research, development and manufacture (production unit located at Tewkesbury). The headquarters are at Farncombe House, Broadway, Worcestershire (telephone 038-681 2621).

### Staff pilferage

In the retail sector, the increase in shoplifting in recent years has paralleled the growth of self-service but, in fact, only about 25 per cent of stock losses ("shrinkage") are due to shoplifting. Some 60 per cent are due to pilfering by staff in one way or another, and about 35 per cent of losses are in cash, generally stolen by till operators. The remedy lies in proper intelligence and control systems, and Group 4 can provide the detectives and equipment required. If necessary, they will also train existing staff. Every case is considered on its merits and a "package deal" worked out. It is stated as a broad generality that in retailing, for every £1 paid to Group 4, the saving achieved is £2, though this figure may on occasion be as high as £7.

Among developments in intruder alarm technology pioneered by Group 4 is the Securifon signalling system, which brings direct-line high-security protection within the reach of small businesses. A wide variety of alarm systems, detection devices and control units can also be installed, most of the equipment being of the company's own manufacture. The detection devices range from simple pressure pads to magnetic contacts, frame contacts for windows, single wire detectors for shop windows which do not obscure the goods displayed, and sophisticated vibration, acoustic and ultrasonic detectors.

# Equipment

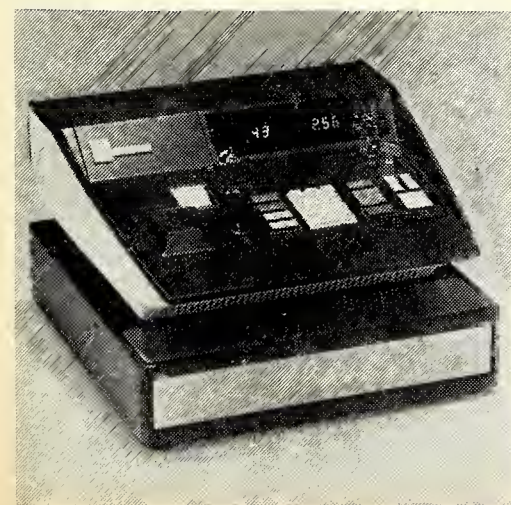
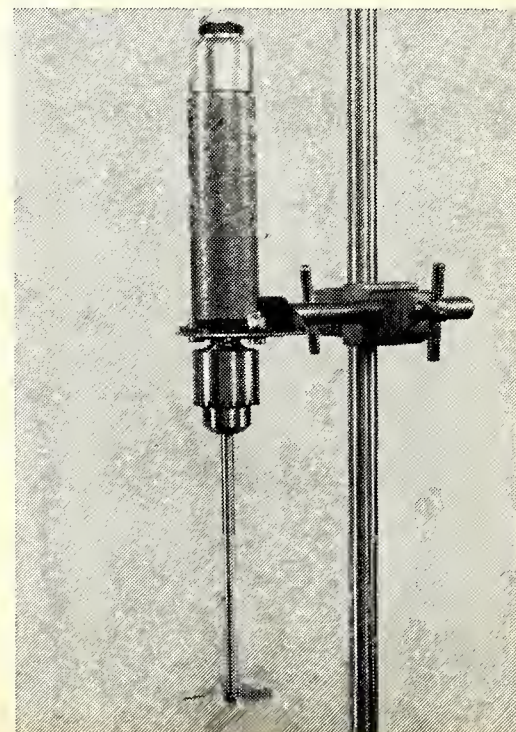
can be taken right away from the job, almost eliminating the noise and also ensuring that the substance being mixed is not contaminated by foreign matter in the air supply.

### Safer stirrers

To meet increased concern about safety, Voss Instruments Ltd, Faraday Works, High Street, Maldon, Essex, have extended their range of compressed air stirrers for laboratories and production. Where electric motors create a risk of fire or explosion, compressed air motors are safe as well as light, small, and easy to handle.

Laboratory units ranging from 1/12 to 1/2 hp and speeds from 500 to 3,000 rpm can be supplied as standard units with steel shafts and three blade propeller. For viscous materials geared units can be supplied to operate at low speeds; the speed can be varied by altering the air-pressure with a regulator, the normal operating pressure being 80 psi. For factory use larger power units of the vane or piston type can be supplied.

The stirrers can be supplied with exhaust collector rings, to which a flexible hose can be attached and the exhaust air





# Fight shoplifting with your own little Xmas box and save a fortune this year



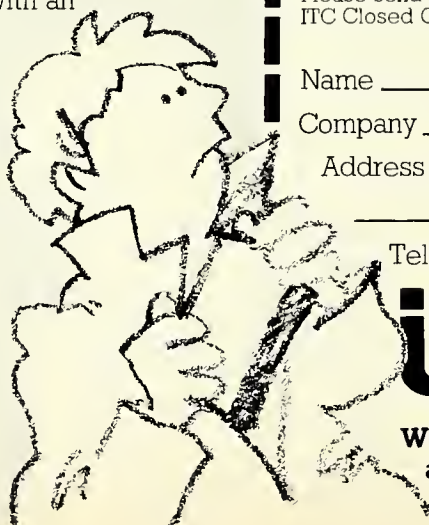
There's only one thing that spoils Xmas for every retailer. The increase in pilferage.

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# Complaints on chemist prices '50-60 a month'

Prices in chemists shops are frequently the cause of complaint to the regional offices of the Price Commission, according to the Commission's latest quarterly report.

The report for the period June 1 to August 31, published last week (HM Stationery Office, Commons Paper 641, £1.20), reveals that approximately 1,000 complaints about food prices were made in the period. In addition to chemist shop prices, other topics of frequent complaint included tobacco, restaurant, café and canteen prices, public house drink prices, soft drinks, garage repairs and vehicle spares, books and maps, servicing and maintenance of domestic equipment, ice cream and nationalised industries.

A spokesman for the Commission told *C&D* that on average complaints to regional offices in each three month period about chemist shop prices totalled 150-200; on a level with the lower end of the "top ten" of complaints. Food prices was generally the topic which attracted the most complaints, followed by catering and pub prices; however, the "top ten" did cover most of the weekly "shopping basket" items.

On profit margins, the Commission's report notes that during the second quarter of the year there was a further significant improvement for manufacturing and service industries. Profits in distribution also showed a small improvement, with gross profit margins averaging 2.2 percentage points below reference levels, representing a saving to the consumer of about £700m in a full year.

## Retail Consortium warns of stronger negotiating line

The Retail Consortium voted to take a much stronger line in future discussions with the Government on price control matters generally.

Although the Consortium has consistently opposed price control, retailers have co-operated voluntarily in a number of Government initiatives during recent years including the voluntary agreement (June 1974-June 1975) and more recently Price Check (February 16-August 14). In addition they have provided information to both the Department of Prices and Consumer Protection and the Price Commission to assist in the formulation of policy and the monitoring of results.

In return, says the Consortium, retailers feel their interests have too often been ignored and their problems sidestepped. They are particularly concerned that much of the benefit conferred by recent changes in the Price Code was arbitrarily removed when excise duty on fuel was increased in

April by the Chancellor, which raised distribution costs and was not recoverable under the terms of the Price Code.

Nor are they satisfied with successive versions of the pay policy which have increased retailers' labour costs disproportionately. In addition, the increase in National Insurance charges, also unrecoverable by retailers under the Price Code, will add significantly to their expense bill, during a year when margins will continue to be under pressure. The cost of implementing recent consumer protection measures, aimed largely at the retailing sector, is another problem which many retailers feel was not given proper consideration by Government.

The Consortium's chairman, Mr Joseph Godber, comments: "Retailers feel their co-operation with Government has been too one-sided. The Consortium's past co-operation has not been reflected in mea-

## Westminster report

### Firm's profit not excessive

Mr Laurie Pavitt asked whether the Secretary for Social Services remained satisfied with the arrangements under the Voluntary Price Regulation Scheme with an NHS supplier which had a 65 per cent increase in pre-tax profits. Mr Roland Moyle, Minister of State for Health, replied that the figures quoted referred to the company's total business, only a small part of which was devoted to the sale of medicines to the NHS. Profits earned from sales to the NHS did not appear "excessive", he felt.

### Employment protection dates announced

Mr Albert Booth, Secretary of State for Employment, announced in Parliament recently the dates on which most of the remaining sections of the Employment Protection Act 1975 will come into force.

In a written Commons answer he stated "I now propose to bring into operation the provisions relating to the extension of terms and conditions of employment from January 1, 1977, and those relating to guarantee pay, the removal of the grade, class and financing disqualification and the reduction in part-time qualifying hours from February 1, 1977. This will leave the provisions on disclosure of information and time off work as the only sections of the Act not implemented. Their implementation is dependent on Codes of Practice

which deal with their real and immediate problems. Our oft repeated arguments for the abolition of gross margin control have been ignored and retailers can no longer absorb increasing costs without passing them on in prices. The largest factor in increased costs is rising wage levels (which represent over 50 per cent of retailers' operating costs) and the Government pay policy has failed to contain wage increases within the percentage limits applicable to everyone else".

## Handwriting exemptions-changes to the July list

The following changes to the list of doctors exempted from handwriting requirements of Regulation 15(1)(b) of the Misuse of Drugs Regulations 1973 have been notified, and suitable amendment should be made to the list published in *C&D*, July 3, p26: J. Buchanan, Charing Cross Hospital, F. P. Haldane, West Middlesex Hospital, and C. P. Humphries, St Clement's Hospital, have been deleted from the list and N. E. Headley, University College Hospital, and M. K. U. Malik, St Clement's Hospital, have been added to the list. The list is operative until December 31, except that the exemption of Habib Khan, St Giles Drug Dependence Treatment Centre, Camberwell, London, ends on November 18.

which have to be produced by the Advisory, Conciliation and Arbitration Service and approved by Parliament. Consultative drafts of both codes have now been published by ACAS and the provisions will be introduced with the minimum possible delay once the codes have been finalised and approved."

## Sunday Trading Bill?

Mr Clement Freud will be seeking leave to bring in a Bill to amend the law relating to Sunday trading, on November 10.

## 'Minimum cost' VAT system

"The VAT system has been designed, so far as possible, to fit in with normal commercial procedures and accounting practices in order to reduce these costs to a minimum."

That was stated by Mr Robert Sheldon, Financial Secretary to the Treasury, in answer to a question in the Commons from Mr M. Marshall. Mr Marshall had asked for the estimate of the cost to industry, small businesses and self-employed persons of administering VAT; in his reply Mr Sheldon also stated that he knew of no authoritative source of information on which an estimate of the total cost could be based.

## Cytomegalovirus vaccine

There are currently no items of cytomegalovirus vaccine in the UK. Mrs Shirley Williams, Secretary for Education and Science, told Mr Lewis Carter-Jones. However, the MRC had stated that a need for a vaccine against this infection had been established by an expert sub-committee. Consideration was being given to the appropriate procedures for clinical trial.



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# Letters

## Tetbury dispensing

If there ever was an issue on which all members of the pharmaceutical profession ought to stand together and *fight* it is over the outrageous decision of a couple of medicos in Tetbury to "begin dispensing" in December.

That those already engaged in this deplorable business known as "doctor dispensing" should be permitted to go on doing so (it would seem indefinitely) under what is said to be a "gentleman's agreement" is bad enough in all conscience, but that the very moment when the "standstill" is being extended in order to permit further "friendly negotiations" should be chosen for a vicious new attack upon the pharmaceutical profession is totally unacceptable.

This is no time for a legalistic appraisal of regulations, interpretations or escape clauses. This is a time for *action*. The very functions of our profession are being undermined. The logical extension of this impudent claim to take over the functions of the pharmacist must be the total extinction of the profession of pharmacy in order to enrich the once noble profession of medicine.

Even the mandarins of the British Medical Association and the General Medical Council must realise the threat to their carefully built up reputation as dedicated guardians of the people's health if it is revealed publicly that the "overworked doctor", who does not really have enough time to look after his patients as he would wish, can still manage to take on a sideline if there is money in it.

This publicity would be really effective if all pharmacists throughout the country were to close, say, on December 1 and for thousands of pharmacists—as the real guardians of health, protecting the public from the countless blunders of their medical colleagues—to proceed to Tetbury and to demand in the *public interest* the right of every patient to a *genuine* pharmaceutical service.

Stanley Bubb  
Poole, Dorset

## Endorsement

Being a busy sort of a fellow, I was not very happy to have a batch of July prescription forms returned by the Pricing Bureau with a request to "confirm strength dispensed" of Indocid capsules, Lasix tablets, aminophylline suppositories, bendrofluzide tablets and penicillin V syrup (all of which have standard strengths established and recognised since Rita Hayworth was a girl) and "complete endorsement ie pc/pnc/initials and date".

The FPC, apparently overwhelmed with telephone calls, referred me to the secretary of the Pharmaceutical Committee.

The latter (ringing me on a Saturday, a day when a civil servant should be playing golf or helping the wife with the washing up) spoke at some length of the latest edition of something called the "British National Formulary" (a publication which many of us have lost faith in since it changed from Latin to colloquial English). For my own light reading I much prefer Raymond Chandler but, in any case, the BNF is surely addressed primarily to doctors and it is they who should be encouraged, or even compelled, to read it. Has anybody, for instance, ever known a prescriber to state which formula of effervescent potassium chloride tablets is required? I certainly haven't.

Raymond Hutchinson  
Harrow Weald, Middlesex

## Views clarified

There were several very significant errors in the report you published last week on my comments made to Buckinghamshire contractors whilst discussing the new NHS contract and related matters.

I did not say that if the present rate of closures continued more health centres would be built. More health centres will inevitably be built as soon as sufficient funds are available and even now special funds are earmarked to ensure a significant level of continuing development. My point, and this is vital, is that if the present rate of closures continues we shall be moving inexorably towards a situation wherein a decreasing number of large dispensing pharmacies, less and less convenient of access to the public, approaches equation with the increasing number of health centres.

When this point is approached there will be far less valid objection to transferring the dispensing function from the remaining pharmacies to the health centres as a managed service, and thus creating a nationalised dispensing service. The cardinal advantage to the public of a widely-available dispensing service, allied to the essential advisory and consultative facilities offered by the general practice pharmacist, would no longer exist. Thus the public would no longer have as much to lose from a complete changeover to health centre dispensing which, in isolation from the comprehensive services we currently offer, and in the form of larger units, would appear at least at first sight to be more cost-effective.

I did not express opposition to a limit on the number of prescriptions a pharmacist could dispense. Completely the contrary. I deprecated the amendment sustained by the relevant motion at the 1976 Branch Representatives conference which suggested a limit on the number of technicians a pharmacist could supervise rather than on the number of prescriptions that pharmacist could properly dispense. The use of technicians should be within the prerogative of the responsible pharmacist. What is needed is a limit upon the number of prescriptions for which that pharmacist may be responsible, either directly or indirectly. The importation of a cohort of technicians—as we see happening in Sweden—is no substitute for adequate supervision of the work by the qualified pharmacist.

Finally, my comment upon the stock-

holding period was that whilst it remained at eleven weeks it was not feasible to renegotiate the existing system of application of price changes—which represents a swings-and-roundabouts situation. Pending resolution of the knotty question of the relationship between capital employed and the proper percentage reimbursement for that investment, it would be illogical to interfere with the application dates. My own view is that price changes whether up or down which are announced prior to the 8th of any month should be applied during that month, as is currently the practice with Drug Tariff items.

Whilst it may be claimed that on a notional six- or seven-week stockholding this represents a "hidden profit", it is the faster moving line which creates the major loss to contractors in the event of upward price change, whilst the largely unsampled incidence of deterioration and obsolescence among the slower moving lines more than offsets any theoretical gain on stocks in excess of three-and-a-half weeks.

In any event, whatever the NAPD may have said on the subject, it is the experience of all but the less scrupulous entrepreneurs amongst our number that both increases and decreases are immediately applied by wholesalers, and that their stocks of items subject to price increases are mysteriously non-existent on the appointed day.

May I finally reiterate the substance of the first paragraph of your report, namely that it is vital to the interests of our profession that the forthcoming conference unites in support of the new contract proposals. These proposals represent a significant step towards the preservation of pharmacy as we know it. Delay in negotiation and implementation of such a revised basis of NHS remuneration could, in the long term, prove disastrous to pharmacies both large and small.

R. G. Worby  
Woodford Green, Essex

We regret any inaccuracies in the report (which was based on information submitted to us) and welcome the opportunity for Mr Worby to expand on his views.—Editor.

## Wholesaling competition

I refer to the company statement published by Mr Austin E. Bide, chairman of Glaxo Holdings Ltd, in the national Press last week, headed "Nationalisation: an irrelevant formula". In the statement Mr Bide clearly advocates the merits of a free enterprise system yet allows his Group to discriminate against Sants Pharmaceutical Distributors Ltd (Sants P.D.), a registered comprehensive National Association of Pharmaceutical Distributors wholesaler, in order to protect his own Group's wholesaling interests, Vestric, from the legitimate competition of Sants.

Having ascertained a need for a new comprehensive pharmaceutical wholesaler in the Stoke-on-Trent area, Sants P.D. began trading in April 1972. Six months later, in October 1972, Vestric opened a depot in Stoke-on-Trent. The Vestric depot immediately became a member of NAPD and was supplied with products from

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# Letters

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another Vestric depot. Sants, on the other hand, as an independent wholesaler, had to negotiate separate supply agreements with each manufacturer and was subject to a rigorous inspection by the NAPD before being accepted as a member of the Association in September 1975.

Glaxo Holdings to this day have not allowed their "ethicals" manufacturing companies Allen & Hanburys, Duncan Flockhart and Glaxo Laboratories to supply Sants on the usual distribution margin though their Evans Medical and Glaxo-Farley subsidiaries do so. A similar situation exists with Boehringer, Pfizer, Riker and Roche. All other companies do supply Sants, whose annual turnover is now approaching £1 million.

As an NAPD wholesaler we are obliged to supply all companies' products against orders from our customers.

In drawing attention to this matter I wish to echo Mr Bide's view: private enterprise, with all its faults, is, in my opinion, a superior system both for the UK and the individuals in it, but for free enterprise to be accepted by the majority of working people it must be seen to work in a fair and responsible manner.

We Sir, in Sants, are of the opinion that in the case of Glaxo they should first of all remove the plank from their own eye.

**Gerald Brooks**

Chairman and managing director  
Sants Pharmaceutical Distributors Ltd  
Stoke-on-Trent

A spokesman for Glaxo Holdings says: "We do not believe that the services of an additional wholesaler in the Stoke-on-Trent area will be of any material benefit to our pharmacist customers in either general practice or hospital practice. There are several deliveries each day from three wholesalers in the area and we feel that this pattern of distribution is quite adequate for our needs and for our customer's requirements. The matter was examined some time ago by the Office of Fair Trading which made no criticism of our distribution policy in that area."

## Unichem on television

The television advertisement on Sunday afternoon must have come over as a real stimulus to all independent pharmacists to look to their future. I feel it was an inspired move on the part of Unichem to put their case on the television screens of the nation.

Although the primary target was obviously the retail pharmacist, the advertisement must have proved a forceful reminder to the public at large that they cannot afford to lose the services of the privately-owned pharmacy. For this, as an independent, I am grateful to Unichem,

which these days seems to be the only organisation wholly committed to my interests. I wish them well in their campaign.

**R. B. Dreifuss**  
Morden, Surrey

## Pressure

The Pharmaceutical Society has failed yet again in trying to help save pharmacy! The Medicines Commission will not recommend that analgesics should be subject to controlled sale, by barring self service, and therefore becoming unattractive to supermarket outlets. It is widely suggested that "outside commercial interests" played a major role in persuading the Medicines Commission. Of course they did. Analgesics are big business.

A cornerstone of ASTMS policy is that all medicines should be sold only in pharmacies. ASTMS is not subject to outside pressures; indeed ASTMS can bring considerable pressure to bear on its own.

It is in your interest now to join us and secure a monopoly in the sale of medicines for pharmacists. Write to me without delay.

**'Geraint Davies'**  
23 Wordsworth Drive  
Sutton, Surrey

## Ginseng Society proposed

A group of people interested in the future use of ginseng are seeking to form a Ginseng Society. Aims of the society include providing accurate information on ginseng, establishing standards, improving the references to and claims for ginseng and the encouragement of research.

The initial steering committee is chaired by Professor E. Shellard, FPS, department of pharmacy, University of London, Chelsea College. The management committee is barred to anyone having a commercial interest in ginseng, but such people will be able to support the society's activities via categories for business, industrial and trade members, with fees taking into account the fact that these members profit by the promotion of ginseng. Membership for those importing, distributing or manufacturing ginseng will be conditional on the products proving satisfactory in a periodic assay. Other categories of membership include professional people who need access to up-to-date information and will not pay a subscription. Further details are obtainable by sending a stamped addressed envelope to Margaret Nally, 6 Rosebery Road, London SW2.

## Coming events

### Monday, November 8

**Epsom Branch, Pharmaceutical Society**, Downs Club, Cotswold Road, Sutton, at 8 pm. Mrs S. A. Richardson (health education officer) on "Problems associated with family planning".  
**Southampton Branch, Pharmaceutical Society**, Postgraduate Centre, Southampton General Hospital, Tremona Road, at 7.30 pm. Mr Stanley Blum, on "The case for ASTMS".

### Tuesday, November 9

**British Society for the History of Pharmacy**, 1 Lambeth High Street, London SE1, at 6.30 pm. Mr P. Martinot (Editor of *Le Moniteur des Pharmacies et des Laboratoires*) on "Old monastic pharmacies in France".  
**Galen Group, Croydon**, Friends' Meeting House, Park Lane, Croydon, at 8 pm. Mr J. F. Stanley on "On a Persian carpet with a camera".  
**Lanarkshire Branch, Pharmaceutical Society**, Nurses' recreation hall, Strathclyde Hospital, Motherwell, at 7.30 pm. Meeting with Pharmacy Students' Club, Strathclyde University, to discuss careers in pharmacy.  
**Liverpool Branch, National Pharmaceutical Union and Pharmaceutical Society**, Hospital College, Medical Teaching Centre, Vernon Street, Liverpool, at 7.30 pm. Mr E. J. Downing (assistant secretary, NPU) on "Hiring and firing in 1976".  
**Shelfield Branch, Pharmaceutical Society**, Jessop Hospital lecture theatre (second floor, School of Physiotherapy), at 8 pm. Dr R. S. Morton on "Sexually-transmitted diseases".  
**South-west Metropolitan Branch, Pharmaceutical Society**, Queen Mary's Hospital, Roehampton, London SW15, at 7.30 pm. Mr P. Martin (Metropolitan Police forensic science laboratory) on "Forensic biology".

### Wednesday, November 10

**Bromley Branch, Pharmaceutical Society**, Wellcome Research Laboratories, Beckenham, at 8 pm. "Emergency first aid" (£0.75 including booklet and certificate).  
**Croydon Branch, Pharmaceutical Society**, Greyhound Hotel, Park Lane, Croydon. Annual dinner and dance.  
**Northumbrian Branch, Pharmaceutical Society**, Lecture theatre, 120 Claremont Tower, Newcastle University, at 7.30 pm. Dr D. J. Bellamy on "Pied Piper".  
**Scottish Department, Pharmaceutical Society**, Society's hall, 36 York Place, Edinburgh, at

7.45 pm. Mr P. Martinot (editor, *Le Moniteur des Pharmacies et des Laboratoires*) on "Old monastic pharmacies in France".

**West Metropolitan Branch, Pharmaceutical Society**, Great Western Royal Hotel, Paddington Station, London W2, at 7 pm. Sister M. Sharpe on her work in a drug addiction clinic.  
**West Dorset with Bournemouth and East Dorset Branch, National Pharmaceutical Union**, Old Granary, The Quay, Wareham, at 7.45 pm. Annual general meeting and discussion on "NHS contract proposals".

### Thursday, November 11

**Ayrshire Branch, Pharmaceutical Society**, Savoy Park Hotel, Ayr, at 8 pm. Mr R. Morrison on "Glimpses of the Orient".  
**Brighton Branch, Pharmaceutical Society**, Lecture theatre 2, Brighton Polytechnic, at 8 pm. Mr F. Oliver (head, pharmacy department, Sunderland Polytechnic) on "The food we eat and the things we eat with it".  
**Bristol Branch, Pharmaceutical Society**, South Western Regional Health Authority, 27 Tyndalls Park Road, Bristol, at 7.30 pm. General business meeting to discuss resolutions for Branch Representatives' meeting.  
**Glasgow and West Scotland Branch, Pharmaceutical Society**, McCance building, University of Strathclyde, at 7.45 pm. Postgraduate topics.  
**Harrogate Branch, Pharmaceutical Society**, Postgraduate centre, Harrogate General Hospital, Knaresborough Road, Harrogate, at 8 pm. Dr M. F. G. Stevens (Aston University) on "The role of new drugs in the treatment of cancer".  
**Lancaster Branch, Pharmaceutical Society**, Boots' staff room, Euston Road, Morecambe, at 7.45 pm. Speaker Mr W. H. Howarth (member of Council).  
**Leeds Branch, Pharmaceutical Society**, Golden Lion Hotel, at 8 pm. Speaker Mr Noel Baumber (member of Council).  
**Swindon Branch, Pharmaceutical Society**, Room 4, Wyvern Theatre, Swindon, at 8 pm. Dr D. Bailey on "The curious history of contraception".

### Advance information

**Pharmaceutical Society**, Harrison Memorial Lecture, Professor P. H. Elworthy (department of pharmacy, University of Manchester), on "The increasingly clever micelle", Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN, December 1, at 7 pm.  
**Royal Society of Health**, pharmaceutical group evening meeting on "Health hazards of pesticides", speaker Dr J. K. Howard (divisional medical officer, ICI plant protection), Royal Society of Health, 13 Grosvenor Place, London SW1, January 17, 1977, at 7 pm. Tickets only, from RSH, conference department.



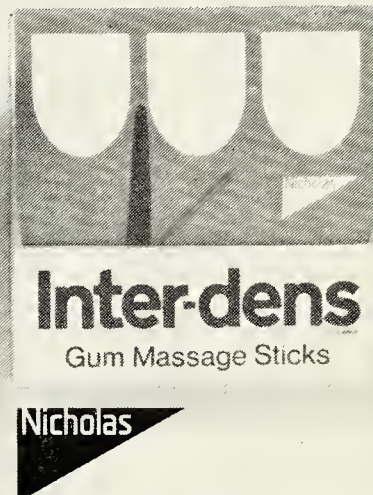
# GREATER SUPPORT FOR INTER-DENS

Now that Inter-dens are in plentiful supply, a new promotional campaign will start in September.

Concentrated advertising will be seen by consumers in Radio Times, Cosmopolitan, Sunday Times Colour Supplement, Punch and other leading magazines. And dentists will also be seeing Inter-dens advertising in Probe, British Dental Journal and Dental Update.

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# Company News

## No justification for nationalisation, say Glaxo

In the annual report of Glaxo Holdings Ltd issued last week, the chairman Mr A. E. Bide says: "It is a matter for regret that the recent Labour Party conference carried a motion calling for the nationalisation of the pharmaceutical industry. No rational justification for such a course has been put forward. . . . The record of the past 30 years is no advertisement for nationalisation as a panacea . . . and those who prescribe drugs demand specific remedies for specific ills and deeply mistrust panaceas."

"The pharmaceutical industry is essentially international . . . . What the British industry can do, by talent, inventiveness and energy, is to take an active part in the international process and to meet the national need by increasing exports and avoiding unnecessary imports . . . . It is surely indicative that state-owned pharmaceutical laboratories elsewhere in the world have produced no significant new medicines."

Turning to individual products, the chairman says that worldwide sales of the company's cephalosporin antibiotics continue to expand, particularly Ceporex. Other products receiving special mention are Molivate, Dermovate-NN, Ventolin, Becotide and Beconase. Among current development projects, the new cephalosporin antibiotic Cefuroxime is progressing well through its clinical trials, and Transdate anti-hypertensive from Allen & Hanburys Research Ltd is now in the final stage of UK clinical trials and is expected to be on the market early next year. (Company results *C&D*, October 16, p531.)

## Box and Driver to open a new branch

A. J. Box & Driver Ltd are to open a new branch on Monday at 9 Chase Road, Northern Way Industrial Estate, Bury St Edmunds (telephone Bury St Edmunds 67121). It is sited in a newly built, purpose-designed 5,000 sq ft warehouse, and the products offered comprise "ethical", galenic, generic and proprietary medicines.

The manager of the new depot will be



Mr Alan Banwell, who until recently represented the company in Kent and SE London and who has had close links with this area over a number of years. Invoicing for the new branch will be computerised with a link to the computer at the Sidcup head office by Datel direct link.

The company is also currently expanding the warehouse space at Sidcup to cope with increased business. Building work which commenced on October 4 will provide an extra 2,000 sq ft on completion in mid-December.

## Glaxo-Farley Foods become Farley Health Products

Glaxo-Farley Foods Ltd announce a change in its company name to Farley Health Products Ltd, effective from November 1. From its headquarters in Plymouth, Farley Health Products Ltd will continue to operate as a separate company within the main Glaxo group.

There will be no change to the existing range of products manufactured and marketed by the company. The distribution policy and conditions of sale currently operative will remain unaltered.

## Alza report progress on therapeutic systems

Alza Corporation have now begun to capitalise on the potential technologies resulting from seven years of research and development from sales of their first generation therapeutic systems, and in the year ended June 30 achieved net sales of \$2.4m, according to their annual report. The initial products being marketed include the Progestasert intrauterine progesterone contraceptive system, the Ocusert pilocarpine system for the treatment of glaucoma, and the Ar/Med infusion system for intravenous chemotherapy.

Current research is directed towards the incorporation of different materials into the company's therapeutic systems for the precisely controlled delivery of drugs, ie the Transiderm transdermal system, the Oros oral system, and Chronomer bio-erodible polymers. Arrangements are also being made with pharmaceutical companies for joint development of new products based on their drugs and Alza's technology. Major agreements of this type were made with Merck & Co Inc and C. H. Boehringer Sohn in the past year.

## Nicholas UK sales rise

Highlights of the year reported by the president of Nicholas International Ltd, Mr L. G. Cumming, in the annual report issued this week include the continuing rapid progress of Aspro Clear in Australia and the successful national launch of Ambi in the USA. In the UK sales increases were achieved by Rennie, Radox and Almay, while Radox Showerfresh was launched successfully, and Aspro Clear was brought on to the market in the last few weeks of the financial year. Temtake disposable thermometers, introduced in the UK during the year, have so far not met any success.

On the continent sales of Rennie were down, particularly in Germany, but sales

in the current year suggest that this was only a temporary setback. Kneipp herbal bath, launched in France at the beginning of the year, has made good progress. (Company results *C&D*, October 9, p495.)

## Sweda to distribute shopfitting system

Sweda International Division of Litton Industries, Pine Brook, NJ, have acquired exclusive worldwide distribution rights for the point of sale supermarket system produced by Data General Corporation. This duplex system includes such features as fixed station UPC scanning, a shelf label printer, alphanumeric customer displays, a manager's video display console and communications to a headquarters computer. Installations have been operating successfully for the past two years. The agreement between Sweda and Data General lasts until 1980.

## ACAS recommends Berk to recognise TGWU

The Advisory Conciliation and Arbitration Service has recommended that Berk Pharmaceuticals Ltd should recognise the Transport and General Workers Union generally for the purposes of collective bargaining in respect of hourly and weekly paid manual employees at the company's Shalford and Godalming establishments. Previously Berk had refused recognition.

On February 10 the Union referred the recognition issue to the ACAS under Section 11 of the Employment Protection Act; Section 12 of the same Act provides that the Service shall examine such an issue, consult all parties it considers will be affected by the outcome, and make such inquiries as it thinks fit. If the issue has not been settled and the reference is not withdrawn, ACAS has to prepare a report setting out its findings. That report has now been published for the Berk case.

## Alginate Industries ahead

Alginate Industries Ltd report increased orders in the first half of the 1976-77 financial year, and a turnover of £6.9m compared with £4.4m in the corresponding period the previous year. Pre-tax profit rose to £1.2m from £0.8m. Production difficulties at the Girvan factory have been resolved, and production lost due to the drought at Barcalaine is expected to be made up during the remainder of the year. The directors anticipate that the profits in the second half will exceed the first.

## Warner-Lambert records

Sales and earnings of Warner-Lambert Co in the first nine months of 1976 were at record levels despite foreign currency adjustments. Sales for the third quarter increased 8 per cent to a record \$604m, and net earnings were \$47.4m, an increase of 2 per cent over the third quarter of 1975. For the first nine months, sales were \$1,736m, an increase of 8 per cent over the comparable 1975 period, and net earnings were \$138,706,000, up 4 per cent.

Mr E. Burke Giblin, chairman and chief executive officer, emphasised that

*Continued on p660*



# OPTREX LIMITED MOVE

order processing and sales enquiries

As from 1st November, 1976 Optrex Limited have moved their Order Processing Department, so with immediate effect all orders and sales enquiries should be directed to Basingstoke — not Greenford. This move will mean more service and more speed when it comes to dealing with your orders and deliveries. This move to the new Basingstoke building is just part of the expansion programme that Optrex Limited have planned.

So contact us from now on at this address:

**Optrex**

Basing View,  
Basingstoke,  
Hants RG21 2JP

Telex No: 858677

Telegrams: Optrex, Basingstoke

0256 57272

**Clic-Loc Cap  
?**

**Standard Cap  
?**

**NEW  
Pharmapac  
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This new range of dispensing containers has been designed to enable the pharmacist to stock a standard range of bottles that will accommodate both Clic-Loc (U.G.'s proven child-resistant closure) and standard medical closures.

The Pharmapac containers, manufactured in natural or opaque unbreakable polyethylene and round shaped for easy labelling, are produced in 15 cc, 30 cc, 60 cc and 120 cc sizes.

Containers and caps are supplied in 100 unit polybags from leading pharmaceutical wholesalers.

**Clic-Loc & Bottles  
or Standard Caps  
& Bottles**



#### Pharmapac Stockists

Martindale Samore Ltd., 54 High St., Weedon, Northampton  
Mawson & Proctor Pharmaceuticals, Kingsway South,  
Team Valley, Gateshead, Co. Durham, NE8 1YX  
East Anglian Wholesale Supplies Ltd., Quayside, Norwich  
NR3 1RX • Jones & King Ltd., Lower Quay, Fareham, Hants.  
Macarthy's Ltd., 20 Pollard Street East, Manchester M10 7ET

#### Clic-Loc Stockists

Bradford Chemists Bradford • Bristol Bottle Co. Bristol  
J. M. Loveridge Southampton • Muirs Nottingham  
M & A Pharmaceuticals Manchester • Harrison Smith London  
Vestric Branches at Ruislip, Brierley Hill, Sheffield, Preston  
Liverpool, Reading, Swansea, Enfield, Birmingham  
C. R. Crosskill Norwich • Wains Tunbridge Wells  
Colchester & East Essex Co-op Colchester  
Grimwade & Ridley Ipswich • Hall Forster & Co. Newcastle-upon-Tyne • Branches of Wellcome Foundation.



#### U.G. Closures & Plastics

Astronaut House, Hounslow Road, Feltham, Middx.  
Telephone: 01-890 9051.



## Company News

Continued from p658

while pre-tax margins had improved significantly, foreign currency balance sheet adjustment in the third quarter had resulted in a charge of approximately 7 cents per share due to the instability in many world currencies. The third quarter results also included the costs associated with the recall of the anti-psoriasis drug Triazure, which was removed from the market. In the third quarter sales increased in all major segments of the business, and gains in pharmaceutical products were led by strong performances in the ethical drug, medical-surgical and diagnostic lines.

### Briefly

**Optrex Ltd** moved their order processing and sales inquiry office on November 1 to Basing View, Basingstoke, Hants RG21 2JP (telephone 0256 57272, telex 858677).

## Appointments

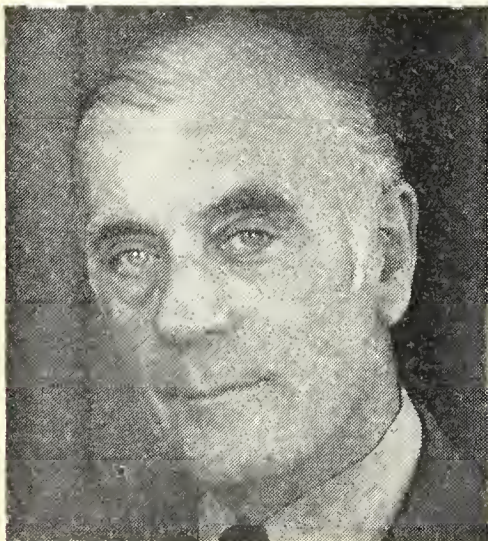
**Radiol Chemicals Ltd:** Mr Peter Bale has been appointed sales representative for south Wales and the western counties.

**Rexnell Ltd:** Mr Tony Howard has been appointed representative for north-west England and Mr Euan Scott representative for the London area.

**The Boots Co Ltd:** Mr B. F. W. Scott, chairman of Lucas Industries Ltd, has joined the board as a non-executive director. Mr R. N. Gunn, the director of property, is now an executive director.

**Cahill May Roberts Ltd** have announced the appointment of Mr Jim Hegarty, MPSI, as chairman. He succeeds Mr E. O'D. Davy, who has retired from the board having served as chairman since 1954. Mr Hegarty joined the company, said to be the largest pharmaceutical distributor in the Republic of Ireland, in 1948. As a pharmacist he has been, and will continue to be, actively involved in the development of wholesale pharmaceutical services.

Cahill May Roberts was formed by the merger in 1970 of P. C. Cahill and Co. and May Roberts (Ireland), both public companies. The final stage in the integration of the two companies was marked earlier this year by the official change to the combined name of Cahill May Roberts. The company has eight distribution centres throughout the country.



# Market News

## No bargains

London, November 3: The present China Trade Fair has turned out to be "something of a damp squib" at least so far as the essential oil sector is concerned. That was the opinion of a leading London broker who reported this week that there had been no offers of items that were wanted. In the case of oils which were in little or no demand at the moment, China had been offering but at such high levels that they were scarcely tempting to dealers to acquire against any demand that might, or on the other hand might not, arise in the future.

Most of the crude drugs and essential oil prices given below have been marked up in consequence of last week's fall in the value of the pound.

Many pharmaceutical chemicals are higher for the same reason but in their case it is for earlier falls and further adjustments to compensate for the latest rate will need to be made. Although no new schedules for quinidine and quinine salts have been issued yet, the makers stated this week "the stable conditions which have prevailed since October 1974 have now disappeared due to the weakness of the £ pushing up the cost of imported raw materials."

## Pharmaceutical chemicals

**Acetarsol:** 50-kg lots £10.00 kg.  
**Acetic acid:** 4-ton lots, per metric ton delivered—glacial BPC £257.50, 99.5 per cent £245.50; 80 per cent grade, pure £226, technical £211.50.  
**Acetone:** £252 metric ton 20-drum lots.  
**Aioin:** 50-kg lots £17.00 kg.  
**Ammonium bicarbonate:** BPC £146.10 metric ton, ex-works.  
**Atropine:** (Per kg in ½-kg lots) Alkaloid £109.10 methonitrate £102, methylbromide £124.40, sulphate £94.50.  
**Benzoic acid:** BP for 500 kg lots £0.5901 kg in kegs of 50-kg.  
**Calamine:** BP £621 per 1,000 kg.  
**Calcium gluconate:** £1.210 per metric ton.  
**Cantharadin:** 100-g lots £1.30 per g.  
**Chloral hydrate:** 50-kg lots £1.17 kg.  
**Chloroform:** BP in drums per metric ton from £406 in 35-kg drums down to £383 in 280-kg drums. 500 ml bottles £0.83 each; 2 litres bottles £2.07.  
**Ether:** Anaesthetic BP 2-litre bottles £2.46 each; drums from £1.28 kg in 16-kg drums to £1.16 kg in 130-kg. Solvent, BP from £916 metric ton in 16-kg drums to £820 in 130-kg.  
**Formic acid:** per metric ton delivered in 4-ton lots, 98 per cent £281; 85 per cent £235.  
**Glucose:** (Per metric ton in 10-ton lots) monohydrate £209; anhydrous £410 (varying with importation charges); liquid 43° Baume £195 (5-drum lots); naked £163 (tanker 14 tons).  
**Homatropine:** Hydrobromide £90.20 kg; methylbromide £83.70—both in ½-kg lots.  
**Hydrogen peroxide:** 35 per cent £223 metric ton.  
**Hydroquinone:** One-ton lots £2.15 per kg; 500-kg £2.23 kg.  
**Hypophosphorous acid:** (50-kg lots) Pure 50 per cent £3.1752; BPC (30 per cent) £2.4677.  
**Hyoscine:** Hydrobromide £482.10 kg.  
**Hyoscyanine:** Sulphate, 100-g lots £160.60 kg.  
**Isoprenaline:** Hydrochloride £52.00 kg; sulphate £45.00.  
**Magnesium carbonate:** BP per 1,000 kg; heavy £570, light £390.  
**Magnesium dihydrogen phosphate:** Pure £1.5725 kg in 50-kg lots.  
**Magnesium hydroxide:** (metric ton) BPC light £1,090; 28 per cent paste £390.  
**Magnesium oxide:** BP per 1,000 kg heavy £1,304; light £1,070.  
**Magnesium sulphate:** BP per metric ton, £109; commercial £92-£96.50; exsiccated BP £227.40.

**Phenylephrine hydrochloride:** From £65.00 to £70.00 kg according to quantity.  
**Phosphoric acid:** BP sg 1.750 £0.4373 kg in 10-drum lots.  
**Phthalylsulphathiazole:** 50-kg lots £1.60 kg.  
**Physostigmine:** Salicylate £1.00 per g; sulphate £1.28 100-kg lots.  
**Pilocarpine:** Hydrochloride £224.20 per kg; nitrate £223.40.  
**Potassium acid tartrate:** BPC £705 metric ton, delivered.  
**Potassium hydroxide:** Pellets BP 1963 in 50-kg lots £1.309 kg; sticks £4.569; technical flakes £0.4577.  
**Potassium phosphate:** BPC 1949 in 50-kg lots, granular £1.6746 kg; powder £1.4744.  
**Sodium acid phosphate:** BP crystals, 50-kg lots £1.0411 kg.  
**Sodium benzoate:** BP, 500-kg lots £0.4818 kg.  
**Sodium chloride:** Vacuum dried in 10-ton lots £19.90 metric ton delivered London.  
**Sodium fluoride:** BP in 50-kg lots £1.3594 kg.  
**Sodium gluconate:** Technical grade £610 metric ton.  
**Sodium carbonate:** Anhydrous £184 metric ton.  
**Sodium perborate:** (per 1,000 kg) monohydrate £411, tetrahydrate £242.  
**Sodium percarbonate:** £326 per metric ton.  
**Sodium sulphate:** BP per metric ton, £70.00 for fine crystals; £96.90 pea crystals. Commercial £32.60, all ex works.  
**Sodium sulphite:** Crystals £0.1692 kg in 50-kg lots.  
**Sodium thiosulphate:** Photo grade £131.50 metric ton, delivered.  
**Sorbitol:** Powder £450 metric ton; syrup £225.  
**Strychnine:** Alkaloid £60.00 per kg; sulphate and hydrochloride £45.00 kg, 5-10 kg lots, nominal.  
**Succinylsulphathiazole:** £4.87 kg (50-kg lots).  
**Sulphacetamide sodium:** BP £6.51 kg for 50-kg.  
**Sulphamethizole:** £6.71 kg in 1,000-kg lots.  
**Sulphaquinoxaline:** BVetC in 50-kg drums £8.05 kg; sodium salt £9.10.  
**Sulphaquinoxaline:** BVetC in 50-kg lots £8.05 kg; sodium salt £9.10 kg.  
**Tartaric acid:** £705 metric ton.  
**Theophylline:** Hydrate and anhydrous £3.41 kg in 100-kg lots. Theophylline ethylenediamine £3.66 kg under 50-kg lots.

## Crude drugs

**Agar:** Spanish-Portuguese £450 kg spot.  
**Aloes:** Cape £1.25 kg spot; £1.20, cif. Curacao spot nominal; Shipment £1.77, cif.  
**Balsams:** (kg) Canada: £12.00 spot; £11.80, cif for shipment. **Copaiba:** BPC £1.50 on the spot; £1.55 cif. **Peru:** Spot £6.50 nominal; £6.25, cif. **Tolu:** £3.60 spot; £3.50, cif.  
**Belladonna:** (metric ton) Leaves £1,650 spot; £1,600, cif. Herb no offers. Root £1,400.  
**Benzooin:** BP £85.00-£86.00 cwt spot; £84.00-£85.00, cif.  
**Buchu:** Rounds £2.25 kg spot; £2.20, cif.  
**Camphor:** Natural powder, £4.85 kg, in bond. Synthetic £0.80.  
**Cardamoms:** (per lb, cif) Alleppy green no 1 £3.70; prime seeds £3.50.  
**Cascara:** £790 metric ton spot; £720, cif.  
**Cherry bark:** Spot £800 metric ton; £780, cif.  
**Cloves:** Madagascar £4,150 per ton, cif.  
**Dandelion:** New crop for shipment £1.15 kg, cif.  
**Gentian:** Root £1.50 kg spot, £1.45, cif.  
**Ginger:** (ton, cif) Cochín £1,100. Jamaican (spot) £1,060. Nigerian split £630, peeled £780 nominal.  
**Henbane:** Niger £1,000 metric ton spot; £970, cif.  
**Hydrastis:** (kg) £10.15 spot; £10.00, cif.  
**Ipecacuanha:** (kg) Costa Rica £4.00 spot and shipment.  
**Lemon peel:** Unextracted £1,850 metric ton spot; shipment £1,800, cif.  
**Liquorice root:** Chinese £180 metric ton, cif. Russian £350, cif, nominal. Block juice £147 (100kg). Spray-dried £1,050 (metric ton).  
**Menthol:** (kg) Brazilian £10.75 spot; £10.50, cif. Chinese £11.50 in bond and cif.  
**Pepper:** (ton) Sarawak black £1,400 spot; £1,300, cif. White £1,600 spot; shipment £1,500, cif.  
**Pimento:** Jamaican £1,500 ton, cif.  
**Seeds:** (metric ton, cif) Anise: China star forward £620. Caraway: Dutch £900. Celery: Indian £510. Coriander: Moroccan £800 nominal. Cumin: Egyptian £470; Turkish £530; Iranian £540. Dill: Indian £265. Fennel: Indian £470; Egyptian £235. Fenugreek: £145.  
**Tonquin beans:** Spot £1.35 kg; shipment £1.25, cif (Angostura type).  
**Turmeric:** Madras tinger £340 ton, cif.  
**Witchhazel leaves:** Spot £3.70 kg; £3.55, cif.

## Essential oils

**Bois de rose:** (kg) £7.00 spot; no cif offers.  
**Cassia:** Chinese February shipment £75.00 kg, cif.  
**Citronella:** Ceylon £1.40 kg spot; £1.37, cif. Chinese £1.95 kg spot; £2.05, cif.  
**Palmarosa:** No spot; £7.40 kg, cif, nominal.  
**Patchouli:** £8.50 kg spot and cif.  
**Peppermint:** (kg) Arvensis—Brazilian £5.50 spot; £5.35, cif. Chinese £5.30 spot; £5.10, cif. Piperita, American Far West about £20.00, cif.  
**Spearmint:** (kg) American Far West £10.00-£11.00; Chinese no spot; £13.50, cif, Jan-Feb shipment.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.



## The Triangle Trust helps people of the Pharmaceutical Industry

The Triangle Trust 1949 Fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed, or formerly employed in the pharmaceutical industry in Great Britain and the British Commonwealth. Such relief may include assistance with the educational expenses of children.

The Trustees are also prepared to consider applications for financial assistance, beyond the scope of an employer's responsibilities, with education or training in general subjects, including music and the arts.

For additional information, or to apply for assistance, write to: The Secretary, Dept CD, The Triangle Trust 1949 Fund, Clarges House, 6-12 Clarges Street, London W1Y 8DH.

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Post to Classified Advertisements, Chemist & Druggist, 25 New Street Square, London EC4A 3JA.  
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## Classified Advertisements

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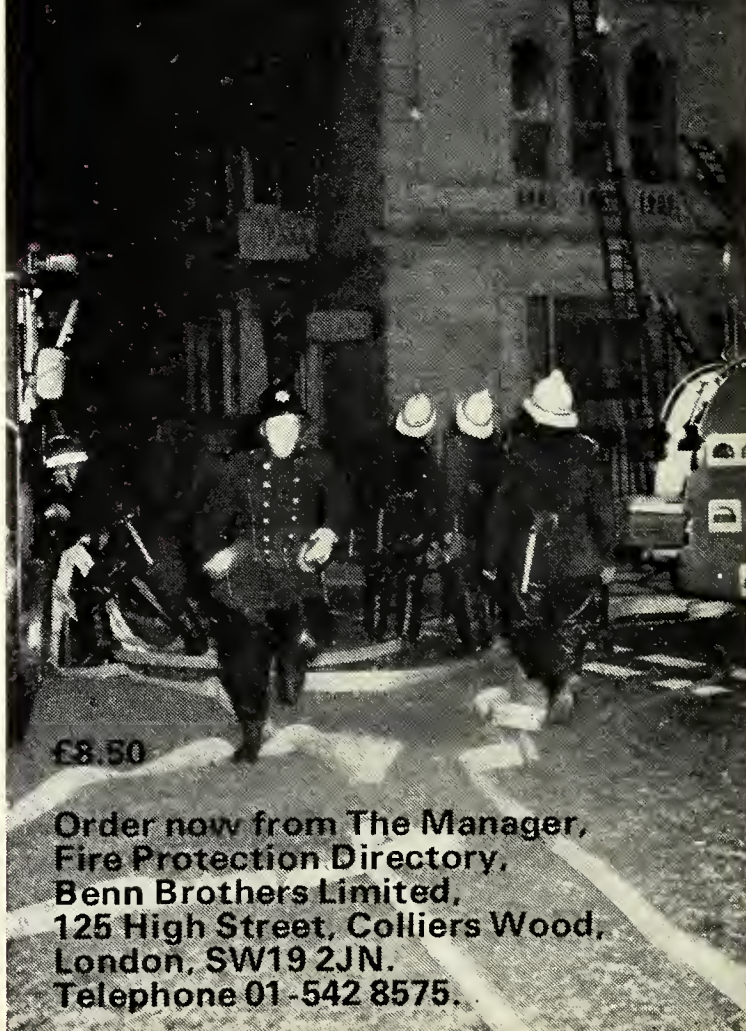
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